

AC 4425

1 in O hand & in 5 B
2 Miss Knapples to her - Huns
3 Lebury



Oxfordshire County Council

ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1955

67181




OXFORDSHIRE COUNTY COUNCIL

ANNUAL REPORT
ON
COUNTY HEALTH
SERVICES



Report of the
COUNTY MEDICAL OFFICER
T. ANDERSON
M.B., Ch.B., D.P.H.

1955



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b29943243>

SUMMARY OF CONTENTS

PART								PAGE
I	Committees, Staff	...	...	...	...	...	...	6
II	General Statistics	...	...	...	...	...	...	8
III	Infectious Diseases	...	...	...	...	...	...	11
IV	Midwifery, Maternity and Child Welfare Services					...	...	17
V	School Health Service		...	...	...	...	...	25
VI	Care and After-care, and Domestic Help	...		...	...	...	...	51
VII	Ambulance Service	...	...	...	...	...	...	56
VIII	Mental Health	...	...	...	...	...	...	59
IX	Environmental Hygiene	...	...	...	...	...	...	64
X	Other Services	...	...	...	...	...	...	69

HEALTH DEPARTMENT,
PARK END STREET,
OXFORD.

To the Chairman and Members of the Health Committee and Education Committee

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present my third Annual Report. The beginning of the year saw the introduction of B.C.G. vaccination against tuberculosis for school children in their fourteenth year. The recently published Interim Report of the Medical Research Council of their investigations into the effects of B.C.G. clearly indicates that this is a major step towards the eradication of tuberculosis—and a step nearer the time when the prevention and control of infectious diseases will be but a minor duty of the Medical Officer of Health, leaving him free to concentrate on the more constructive aspects of social medicine.

The detailed administration of the B.C.G. campaign is in the capable hands of Dr. Bothwell, eagerly assisted by Drs. Campbell and Mackenzie-Wintle. We are fortunate to receive the advice of Dr. N. J. England and of Dr. K. Neville Irvine, whose work and researches in B.C.G. are internationally recognized. On their advice, I instituted a simple tuberculin test which could be performed by health visitors alone, thus obviating the trouble and expense of having it done by medical practitioners. A year's experience has justified this innovation.

The community care of those who are weak in mind or body is now receiving the attention it deserves and demands. In a rural county, domiciliary services are expensive and difficult to administer. In an attempt to increase the training of mental defectives, a part-time Occupation Centre was opened in Banbury. An important feature is the active participation of the parents. This modest venture has already been extended and may well set the pattern for similar efforts in other parts of the county.

The Council readily agreed to the installation of radio control of ambulances. At the end of the year it was partially in operation. The consequent improvement in efficiency is beyond doubt. Time will show the measure of economy.

In the Report, Mr. Cook again draws attention to the pressing problem of the school dental service. The number of children requiring dental attention is steadily increasing whereas the number of qualified dentists available is steadily decreasing.

Once again it is my pleasure to acknowledge the support and assistance of all members of staff, who continue to absorb the increasing volume of work of an expanding service.

Your obedient Servant,

T. ANDERSON

PART I
COMMITTEES AND STAFF

MEMBERS OF HEALTH COMMITTEE

DR. F. N. WHITE, Chairman
MR. R. C. SURMAN, Vice-Chairman

Council Members

LORD MACCLESFIELD	MRS. W. D. DE PASS
MR. J. W. HILSON MR. W. G. BAYLEY	MR. A. V. RHEAD
BRIG. F. R. L. GOADBY	MR. H. SANDERSON
MRS. M. H. HICHENS	†*MR. R. C. SURMAN
MR. C. H. HUGHES	MRS. J. P. TILL
†MRS. M. A. JOHNSON	*DR. F. N. WHITE
SIR GEORGE SCHUSTER	MR. T. L. EASBY
MAJ. GEN. H. R. LAMBERT	CAPT. G. E. F. GORING-THOMAS
THE VISCOUNTESS PARKER	MR. F. WISE

Co-opted Members

Oxfordshire Nursing Federation Representatives

THE COUNTESS OF MACCLESFIELD	THE HON. MRS. FEILDEN
MRS. J. H. MORRELL	

Area Executive Council Representative

DR. A. R. H. WILLIAMSON

Oxford Regional Hospital Board Representative

DUCHESS OF MARLBOROUGH

**Joint Ambulance Committee*

†*Audit Sub-Committee*

Mental Health Sub-Committee

MR. W. G. BAYLEY (Chairman)	MR. R. C. SURMAN
MRS. M. A. JOHNSON	DR. F. N. WHITE
MAJ. GEN. H. R. LAMBERT	MR. J. W. HILSON

Rural Water Supplies and Sewerage Sub-Committee

DR. F. N. WHITE (Chairman)	MR. H. SANDERSON
LORD MACCLESFIELD	MR. R. C. SURMAN
BRIG. F. R. L. GOADBY	MR. F. WISE
MR. C. H. HUGHES	

STAFF

County Medical Officer of Health

T. ANDERSON, M.B., Ch.B., D.P.H.

Deputy County Medical Officer

P. W. BOTHWELL, M.B., Ch.B., D.P.H.

Assistant County Medical Officer (part-time)

A. J. CAMPBELL, M.D., B.Sc., D.P.H., Barrister at Law

Medical Officers of Child Welfare Clinics (part-time)

35 General Practitioners

Consultant Chest Physician (part-time)

N. J. ENGLAND, M.D., D.P.H.

County Housing Officer
H. G. BARTRAM, M.I.S.E.

County Superintendent Nursing Officer
Superintendent of Health Visitors
Non-medical Supervisor of Midwives
MISS M. C. OWEN, S.R.N., S.C.M., H.V.Cert.

Supervisor of District Nurses
(*Assistant to County Superintendent Nursing Officer*)
MISS N. S. DOWN, S.R.N., S.C.M., Q.N.

Deputy Superintendent of Health Visitors
MISS C. E. HENRY, S.R.N., S.C.M., M.T.S., H.V.Cert.

Relief Health Visitor and Tuberculosis Liaison Officer
MISS M. A. WILLIAMS, S.R.N., S.C.M.(Part I), O.N.C., T.A., H.V.Cert.

Health Visitor Tutor
MISS B. COX, S.R.N., S.C.M., H.V.Cert.

Health Visitors/School Nurses (excluding Superintendent)
32

District Nurse/Midwives
58 (including 2 vacancies)

Duly Authorized Officer and Mental Welfare Officer
MR. H. S. HEADY

Mental Welfare Officer
MISS M. A. PUDNEY, D.P.A. (Oxon.)

Duly Authorized Officers (part-time)
MR. W. J. R. BURROWS MR. N. F. SPATCHER
MR. A. J. POWELL MR. BUCKLAND (Littlemore Hospital Staff)
MR. R. C. A. CHARLETT

Occupational Therapists
MISS B. H. ROSTANCE, M.A.O.T.
MISS R. A. GARDINER, M.A.O.T.

Home Teachers for Mentally Defective Children
MISS J. RANDALL, M.A.O.T. MISS M. V. JAMES, N.D.M.H.

Chief Clerk
MR. D. L. HOWELLS

PART II
VITAL STATISTICS

(a) GENERAL STATISTICS

Area (acres), 470,757.
Population (Estimated mid-1955). Total 191,500.
Rateable value for whole County, £1,042,004 (1st April, 1955).
Estimated product of penny rate for whole County (1955-56), £4,325.

(b) EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

BIRTHS

<i>Live Births</i>				<i>M.</i>	<i>F.</i>	<i>Total</i>	Rate per 1,000 of the estimated population
Legitimate	...	...	...	1,544	1,492	3,036	
Illegitimate	...	...	...	80	63	143	
				—	—	—	
				1,624	1,555	3,179	16.60
				—	—	—	
<i>Still Births</i>							
Legitimate	...	...	...	30	37	67	
Illegitimate	...	...	...	3	3	6	
				—	—	—	
				33	40	73	0.38
				—	—	—	

DEATHS

				1,015	919	1,934	Crude 10.09 Corrected 10.09
				—	—	—	
<i>Maternal Mortality</i>							Rate per 1,000 total (live and still) births
Pregnancy, childbirth and abortion				2			
				—			
				2			0.61
				—			
<i>Infant Mortality</i>				<i>M.</i>	<i>F.</i>	<i>Total</i>	Rate per 1,000 live births
Legitimate	...	...	...	38	32	70	
Illegitimate	...	...	...	1	1	2	
				—	—	—	
				39	33	72	22.6
				—	—	—	
<i>Neo-natal Mortality</i>							
Legitimate	...	...	...	30	22	52	
Illegitimate	...	...	...	—	—	—
				—	—	—	
				30	22	52	16.3
				—	—	—	

Birth Rate

The birth rate of 16.6 per 1,000 of the population is fractionally less than last year's figure of 16.96. The national rate is 15.

Death Rate

1,934 persons died in Oxfordshire in 1955, giving a corrected death rate of 10.09, comparing with a national death rate of 11.7.

There were 41 deaths from cancer of the lung, 38 of these being males and 3 females, giving a death rate from this disease of 0.214 per 1,000, which figure is approximately half of the national cancer of the lung rate of 0.389, confirming the known smaller incidence of the disease in rural populations.

Eighteen persons died from tuberculosis, giving a T.B. death rate of 0.08, comparing with the national T.B. death rate of 0.146.

The total deaths were 1,934 and of those the greatest fractions were accounted for by:

Heart Disease	...	...	...	...	...	...	522
Cerebral Vascular Disease	...	...	...	...	...	...	326
Cancer	...	...	...	...	...	...	279
Infectious Diseases other than Tuberculosis	...	...	...	...	...	...	132
Other Circulatory Diseases	...	...	...	...	...	...	98
Motor Vehicle Accidents	...	...	...	...	...	...	42
All other Accidents	...	...	...	...	...	...	41
Gastro-intestinal Diseases	...	...	...	...	...	...	28
Tuberculosis	...	...	...	...	...	...	18

Infant Mortality

The infant mortality for the County is 22.6 and is fractionally higher than in 1954. The national rate is 24.9.

Infant Mortality per 1,000 Births

Year	Oxfordshire	England and Wales
1955	22.6	24.9
1954	21.1	25.5
1953	23.6	26.8
1952	26.5	27.6
1951	17.7	29.6
1950	21.6	29.8

A total of 73 still births represents a rate of 22.4 per 1,000 live and still births, as compared with the national rate of 23.1.

Neo-natal Mortality

The County rate of 16.3 neo-natal deaths compares with the national neo-natal rate of 17.3.

Table showing vital statistics for 1955 of each Rural District in the County

	Population estimated to middle of 1955	Nett Births			Nett Deaths				
		Number	Rates		Under 1 Year of Age		At all ages		
					Number	Rate per 1,000 Nett Births	Number	Rates	
			Crude	Corrected‡				Crude	Corrected‡
Banbury ...	15,110	229	15.1	17.2	2	9	179	11.8	9.7
Bullingdon ...	38,770	696	17.9	17.9	16	23	364	9.3	10.2
Chipping Norton	16,130	238	14.7	15.7	4	17	169	10.4	9.1
Henley ...	20,450	311	15.2	15.2	7	23	196	9.5	8.7
Ploughley ...	29,020	459	15.8	22.4	14	31	187	6.4	9.4
Witney ...	23,920	471	19.6	20.3	6	13	237	9.9	9.9

‡ A corrected rate having been adjusted for age and sex distribution.

Table showing vital statistics for 1955 of each Urban District in the County

	Population estimated to middle of 1955	Nett Births			Nett Deaths				
		Number	Rates		Under 1 Year of Age		At all Ages		
					Number	Rate per 1,000 Nett Births	Number	Rates	
			Crude	Corrected‡				Crude	Corrected‡
Banbury ...	19,130	276	14.4	14.4	11	40	217	11.3	11.0
Bicester...	4,720	97	20.5	19.	2	21	36	7.6	7.7
Chipping Norton	3,820	57	14.9	15.4	2	35	53	13.8	10.4
Henley ...	8,010	120	14.9	15.9	2	17	122	15.2	11.2
Thame ...	3,710	73	19.7	20.2	1	14	47	12.6	10.8
Witney ...	7,020	114	16.2	16.5	5	44	81	11.5	11.2
Woodstock ...	1,690	38	22.4	23.7	—	—	46	27.2	18.7

‡ A corrected rate having been adjusted for age and sex distribution.

Vital statistics of whole County during 1955 and previous years

Year	Population estimated to middle of each year	Births		Deaths				
		Number	Rate per 1,000 of population	Under 1 year of Age		At all Ages		
				Number	Rate per 1,000 Nett Births	Number	Rate per 1,000 of population	
							8	
1	2	3	4	5	6	7		
1945	146,590	2,768	18.8	104	37	1,684	Crude 11.4	Corrected§
1946	146,390	3,060	20.9	85	27	1,753	11.9	
1947	149,010	3,268	21.9	72	22	1,709	11.4	
1948	160,250	3,029	18.9	66	21	1,632	10.2	
1949	*163,500	3,021	18.4	76	25	1,781	10.9	
	†173,780	—	16.7	—	—	—	—	
1950	172,060	2,914	16.93	63	21.6	1,889	10.8	10.04
1951	180,800	2,937	16.24	52	17.7	1,958	10.8	10.15
1952	185,200	3,049	16.46	81	26.5	1,773	9.6	9.46
1953	189,000	3,131	16.56	74	23.6	1,680	8.8	8.71
1954	189,600	3,217	16.96	68	21.1	1,773	9.3	9.16
1955	191,500	3,179	16.6	72	22.6	1,934	10.09	10.09

* Civilian Population. † Resident Population. § A corrected rate having been adjusted for age and sex distribution.

TABLE OF CAUSES OF DEATH

1955

	URBAN DISTRICTS																		RURAL DISTRICTS																		
CAUSE OF DEATH	Under 1		1-5		5-15		15-25		25-45		45-65		65-75		75+		TOTAL		Under 1		1-5		5-15		15-25		25-45		45-65		65-75		75+		TOTAL		GRAND TOTAL
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M & F
Tuberculosis, respiratory ...	—	—	—	—	—	—	—	—	1	—	1	1	2	—	—	—	4	1	—	—	—	—	—	—	—	—	4	1	1	1	1	1	2	—	8	3	16
Tuberculosis, other ...	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	
Syphilitic disease ...	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	—	2	—	3	—	6	—	7	
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Whooping cough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Meningococcal infections ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	
Acute poliomyelitis ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Measles ...	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	
Other infective and parasitic diseases ...	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	2	—	2	—	—	—	—	—	—	—	—	1	2	—	1	1	1	2	6	10
Malignant neoplasm, stomach...	—	—	—	—	—	—	—	—	—	—	3	1	4	3	1	2	8	6	—	—	—	—	—	—	—	—	2	1	7	—	4	5	5	6	18	12	44
Malignant neoplasm, lung bronchus ...	—	—	—	—	—	—	—	—	—	—	9	—	1	—	1	—	11	—	—	—	—	—	—	—	—	—	—	18	—	6	1	3	2	27	3	41	
Malignant neoplasm, breast ...	—	—	—	—	—	—	—	—	—	1	—	4	—	2	—	2	—	9	—	—	—	—	—	—	—	—	—	—	11	—	5	—	3	—	19	28	
Malignant neoplasm, uterus ...	—	—	—	—	—	—	—	—	—	2	—	2	—	1	—	—	5	—	—	—	—	—	—	—	—	—	—	—	2	—	2	—	—	—	4	9	
Other malignant and lymphatic neoplasms ...	—	—	—	1	—	—	—	1	1	1	5	5	4	6	7	9	17	23	—	—	—	—	—	—	2	1	1	16	13	17	16	25	21	59	53	152	
Leukaemia, aleukaemia ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	2	—	—	—	—	1	2	3	5	
Diabetes ...	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	—	3	—	—	—	—	—	—	—	1	1	1	3	3	1	3	2	8	7	18	
Vascular lesions of nervous system...	—	—	—	—	—	—	—	—	—	6	14	11	21	37	44	54	79	—	—	—	—	—	—	—	—	—	2	1	9	9	30	39	43	60	84	109	326
Coronary disease, angina ...	—	—	—	—	—	—	—	3	1	12	2	25	9	19	20	59	32	—	—	—	—	—	—	—	—	4	—	32	11	42	25	33	43	111	79	281	
Hypertension with heart disease	—	—	—	—	—	—	—	—	—	1	1	1	6	3	7	5	14	—	—	—	—	—	—	—	—	—	—	—	3	2	7	3	5	7	15	12	46
Other heart disease ...	—	—	—	—	—	—	—	—	1	3	1	8	13	22	36	33	51	—	—	—	—	—	—	—	—	—	1	11	3	21	15	66	94	98	113	295	
Other circulatory disease ...	—	—	—	—	—	—	—	1	—	—	3	3	6	7	10	11	19	—	—	—	—	—	—	—	—	1	—	6	4	9	6	25	17	41	27	98	
Influenza ...	1	—	—	—	—	—	—	—	—	—	—	—	1	1	1	2	2	—	—	—	—	—	—	—	—	—	1	3	—	—	—	3	6	6	7	17	
Pneumonia ...	4	3	—	—	—	—	—	—	—	3	—	3	3	5	9	15	15	3	4	1	—	1	—	1	1	1	1	—	4	1	7	4	17	19	35	29	94
Bronchitis ...	—	—	—	—	—	—	—	—	—	2	2	6	2	7	2	15	6	—	—	—	—	—	—	—	—	—	—	8	1	14	4	12	6	34	11	66	
Other diseases of respiratory system...	1	—	—	—	—	—	—	—	—	3	1	2	—	2	—	8	1	1	—	—	—	—	—	—	—	2	—	3	1	4	—	1	2	11	3	23	
Ulcer of stomach and duodenum	—	—	—	—	—	—	—	—	—	2	—	—	—	3	—	5	—	—	—	—	—	—	—	—	—	—	—	2	2	2	2	5	5	9	9	23	
Gastritis, enteritis and diarrhoea	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	1	—	—	—	—	—	—	—	—	1	—	1	—	3	1	5	
Nephritis and nephrosis ...	—	—	—	—	—	—	—	—	—	1	—	1	1	—	1	2	2	—	—	1	—	—	—	1	—	1	1	2	2	4	3	2	3	11	9	24	
Hyperplasia of prostate ...	—	—	—	—	—	—	—	—	—	—	—	2	—	5	—	7	—	—	—	—	—	—	—	—	—	—	—	1	—	5	—	8	—	14	—	21	
Pregnancy, childbirth, abortion	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	1	2	
Congenital malformations ...	3	1	1	—	—	—	—	—	—	—	—	—	—	—	—	4	1	3	7	1	—	—	—	2	2	1	1	—	—	—	1	—	—	7	11	23	
Other defined and ill-defined diseases ...	7	2	—	—	—	—	—	—	3	—	4	3	2	8	12	18	23	14	12	—	—	1	—	2	—	1	2	5	10	7	13	18	19	48	56	145	
Motor vehicle accidents ...	—	—	—	—	—	—	2	—	3	1	2	—	1	—	—	8	1	—	—	1	—	2	—	9	1	8	1	6	1	3	—	1	—	30	3	42	
All other accidents ...	—	—	1	—	—	—	—	—	—	2	—	—	2	—	3	3	5	—	—	—	—	1	—	8	—	5	2	4	2	1	2	1	7	20	13	41	
Suicide ...	—	—	—	—	—	—	1	1	1	1	2	2	—	—	—	4	4	—	—	—	—	—	—	—	—	4	2	4	3	1	3	2	—	11	8	27	
Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
All causes ...	16	7	3	1	—	—	3	3	10	12	57	44	78	79	128	161	295	307	23	26	5	2	5	—	23	7	38	17	150	83	191	153	285	324	720	612	1,934

PART III

INFECTIOUS DISEASES

The notifications of, and deaths from, infectious diseases for the past five years are shown in the following table:

Notifications (N) and Deaths (D)

	1951		1952		1953		1954		1955	
	N	D	N	D	N	D	N	D	N	D
Smallpox	—	—	—	—	—	—	—	—	—	—
Typhoid Fever	1	—	1	—	—	—	—	—	—	—
Paratyphoid Fever	—	—	—	—	—	—	1	—	—	—
Scarlet Fever	131	—	226	—	193	—	125	—	100	—
Whooping Cough	626	2	239	1	686	3	434	1	257	1
Diphtheria	—	—	—	—	—	—	6	—	—	—
Erysipelas	10	—	9	—	14	—	16	—	14	—
Measles	2,909	2	674	—	3,705	1	52	—	3,058	1
Pneumonia	95	88	60	74	101	80	78	95	74	94
Puerperal Pyrexia	8	—	4	—	11	—	11	—	8	—
Dysentery	95	—	9	—	30	—	62	—	40	—
Cerebro-Spinal Fever	6	—	—	—	—	—	—	—	—	—
Poliomyelitis	12	1	13	—	17	5	6	1	22	—
Malaria	—	—	2	—	4	—	3	—	1	—
Food Poisoning	6	—	21	—	79	—	17	—	19	—
Meningococcal Infection	2	2	8	3	7	1	4	—	4	1
Encephalitis (post-infectious)	—	—	4	—	—	—	—	—	2	—
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	1	—
Tuberculosis—Pulmonary	120	25	120	13	122	9	124	13	108	16
Non-Pulmonary	31	4	27	8	35	2	23	3	25	2

There were no cases of smallpox, typhoid fever or diphtheria in 1955. A single case of paratyphoid fever was diagnosed on clinical findings, but was not confirmed serologically. There were fewer cases of whooping cough in accordance with the usual biennial periodicity of this disease. The large number of deaths from pneumonia is attributable to this occurring as a terminal event, and being notified as a cause of death.

Poliomyelitis

During 1955 there were 22 cases of poliomyelitis, none of which was fatal. Although poliomyelitis is commonly regarded as a summer infection it is noteworthy that the majority of the cases occurred after August and, in fact, half of them occurred between October and December.

Age group (years)	Sex		Type of case	
	Male	Female	Paralytic	Non-paralytic
0-2	—	—	—	—
2-5	2	4	6	—
5-15	6	2	7	1
15-25	2	1	—	3
Over 25	2	3	3	2
Totals	12	10	16	6

The following table shows the number of cases and deaths, year by year, since 1945:

	1945	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
Cases	5	2	31	6	23	22	12	13	17	6	22
Deaths	0	1	6	1	0	0	1	0	5	1	0

Tuberculosis

The notifications of tuberculosis for 1955 are shown in the following table:

New Cases (Notifications)

Years of age	Pulmonary		Non-Pulmonary	
	Male	Female	Male	Female
Under 1	—	—	—	—
1—2	1	1	—	—
2—5	1	—	3	1
5—10	3	1	2	3
10—15	—	—	1	—
15—20	6	9	2	—
20—25	7	11	1	—
25—35	9	15	1	1
35—45	13	5	—	3
45—55	8	6	3	—
55—65	13	1	2	1
65—75	6	1	—	1
75+	1	1	—	1
Totals	68	51	15	11

There were 18 deaths attributable to tuberculosis in 1955.

Ascertainment of Cases

Tuberculin Testing

Attention is drawn to the Heaf Multiple Puncture Skin Testing of groups of school children in Part V of the Report.

Mass Miniature Radiography

The Mass Miniature Radiography Unit of the Oxford Regional Hospital Board visited Oxfordshire in 1955 and carried out radiographic examination of groups of school children as mentioned in Part V of the Report.

B.C.G. Vaccination

The arrangements whereby Chest Physicians carry out B.C.G. vaccination of tuberculin negative contacts living in T.B. households continued during the year.

Commencing in 1949 the numbers of persons so vaccinated have been as follows:

Oct. 1949 to 31 Dec. 1951	185
Jan. to Dec. 1952	218
Jan. to Dec. 1953	231
Jan. to Dec. 1954	285
Jan. to Dec. 1955	275

Attention is directed to the report on B.C.G. vaccination in the School Health Report.

The Annual Report for 1955 of Dr. N. J. England, Chest Physician, United Oxford Hospitals (Adviser on Care and After-Care to Council), is appended.

Vital Statistics

Little change is evident in 1955 in respect of the number and distribution of new cases as compared with the last few years. The slight fall in the total number of pulmonary cases, together with the slight increase in total population concerned, produces a rate per 1,000 which is a little lower than in previous years.

The pattern of disease seen in the clinics does not lead one to believe that the Tubercle Bacillus has become an enemy so weakened by modern technique that it can now be neglected. Two main patterns of disease are observed: (1) the primary infections which extend into the young adult life of both sexes, and (2) relapsing disease chiefly evident in the male adult. In both types a high, a far too high, proportion of cases seen recently have been of advanced disease.

Disease which has been present for any moderate length of time inevitably leads to permanent destruction of lung tissue; the more advanced the disease, therefore, the greater the extent of irreversible change. However good modern methods of treatment may be, destroyed lung cannot be replaced and permanent crippling disability must always be associated with advanced disease. A few cases of advanced disease have been due to recent acute pneumonic tuberculosis of the young adult pattern.

Source

The General Practitioner is still, and will be for many years to come, the main avenue for new patients to arrive at the clinic. In the past there was a tendency to criticize the G.P. for delay in reference of patients to the chest clinic. This criticism no longer applies and with the ready availability of X-ray services in the Oxfordshire area, there could be little excuse for such delay. The reasons now observed for delayed diagnosis have been, in the majority of cases, the neglect of the patient to seek advice either through ignorance, fear, or laziness. Instances are frequent where patients have neglected visits of the mass radiography service.

Contact attendances have been well maintained but it was interesting to note that some new patients recorded a family history of tuberculosis but failed to attend for any contact examination. Inquiry disclosed that the original case of tuberculosis was frequently a brother or a sister and that at the relevant time, the patient concerned was not living at home and was in consequence not offered contact examination.

Investigation into school contacts have continued through the year and have followed the line of previous years, i.e. tuberculin testing of the whole school if possible and X-ray of all reactors.

Prevention

The pattern of disease in Oxfordshire is chiefly:

- (a) primary infection, especially in young adult life;
- (b) relapsing disease in male adult life;
- (c) a proportion of advanced disease from neglect of, or failure to obtain, existing services.

Therefore the emphasis in prevention has been:

1. Tuberculin testing of those exposed to risk and immunization of negative reactors, especially school leavers and young adults.
2. Extension of 'contact' inquiry to include siblings not living at home.
3. Education of the public to request X-rays and B.C.G.
4. Education of the public into the simplicity of modern methods of treatment.

Treatment

Specific chemotherapy for tuberculosis has now been applied in this area for some five years and during that period many different combinations of drugs have been tried and treatment continued over varying periods of time. A brief outline of the technique now employed would be:

- (a) Chemotherapy combined with bed rest if possible.
- (b) To give as high a dosage of the chemotherapeutic preparations as the patient can tolerate.
- (c) To maintain this dosage for as long as possible without interruption.

The limiting factor in tolerance and duration is usually the patient and in consequence various techniques have been devised, and are still being tried out, to overcome certain difficulties, e.g. high dosage Isoniazid can be maintained by adding Pyridoxine. The serious difficulty in the maintenance of Streptomycin therapy is the problem of domiciliary intramuscular injection in a rural area with added complications if the patient has to return to work while continuing treatment. The district nurse has so far been able to provide injections for patients confined to the house but the growing weight of numbers is beginning to create a problem.

A start has been made in educating patients while in hospital into the technique of self-injection. This procedure is now simplified by using the Mitrex syringe with cartridges of Streptomycin. Patients keep to their own syringe while in hospital and when up and about they are taught to sterilize the needles and adaptor. Thus when the time comes for them to leave hospital to continue with their injections at home, they are independent of outside help. This technique has secondary advantages in that the nursing personnel of the hospital have a reduced risk of contracting Streptomycin sensitivity. The co-operation of the manufacturers, enabling a steady improvement in syringe and cartridge design, and the addition of Dihydrostreptomycin to the range of products available in cartridge form, will, it is hoped, increase the proportion of patients able to carry out self-injection.

There is not the slightest doubt that prolonged continuous chemotherapy has materially reduced the relapse rate in this area. There are also strong indications that provided adequate bed rest is en-

sured, in addition to this type of chemotherapy, the indications for collapse therapy in any form are reduced to exceptional cases only.

Venereal Diseases

Cases of venereal disease occurring in the county of Oxfordshire are dealt with at the Special Treatment Centres at the Radcliffe Infirmary, Oxford, and at the Royal Berkshire Hospital, Reading. The following table shows the incidence of new cases of venereal disease in county patients since 1951 for these two Special Treatment Centres.

	1951			1952			1953			1954			1955		
	Radcliffe Infirmary	Royal Berks Reading	Totals	Radcliffe Infirmary	Royal Berks Reading	Totals	Radcliffe Infirmary	Royal Berks Reading	Totals	Radcliffe Infirmary	Royal Berks Reading	Totals	Radcliffe Infirmary	Royal Berks Reading	Totals
Syphilis	5	2	7	13	3	16	3	1	4	11	1	12	11	—	11
Gonorrhoea	19	2	21	21	1	22	13	1	14	22	—	22	25	—	25
Other	76	10	86	78	14	92	74	7	81	49	6	55	59	6	65
Totals	100	14	114	112	18	130	90	9	99	82	7	89	95	6	101

The Almoner's work with the male patients has been confined mainly to contact tracing, although an attempt has been made to give supportive help to one or two of the men found to be suffering from early syphilis.

Far more time has been spent with the women patients, many of whom needed a great deal of practical and personal help. Problems have arisen when married women have found themselves infected by their husbands; adolescent girls living in their own homes have presented problems of unsatisfactory companions, lack of normal outlets for their interests and energy and lack of understanding of adolescent difficulties by their parents. Another small group who must cause some concern are the young girls who leave home to live and work in Oxford, often with the best intentions. Economic pressure alone, apart from loneliness and difficulties in finding lodgings, make them particularly liable to find themselves in moral danger. They can best be helped by being encouraged to return to their own homes, and one or two of them have done so.

However, a large proportion of the young single girls who attend the clinic have been deprived of a normal home background. The common picture is a home where parents have separated, or there is considerable marital tension. Some have been brought up away from a family background, in children's homes, or a succession of foster homes; others have been adopted, but have not succeeded in working through their adolescent difficulties with the adopted parents. Consequently, they are all very much alone in the world when girls in normal homes are still getting considerable economic help and parental guidance.

Naturally, the problems presented by this last group of girls when they attend the clinic are the most complex and the most acute. They have a great need to establish a stable and satisfactory relationship with an adult who, while understanding their difficulties, can also help them to re-establish themselves in the community. In its evidence to the Royal Commission on Prostitution, the British Medical Association suggested, among other measures, long-term after-care and personal help by social workers, particularly in the Venereal Diseases Clinic, the place to which many prostitutes go of their own accord for medical and personal aid at a time when they are sick and frightened. It was felt that help at this time affords a unique opportunity for their rehabilitation.

Almoner's Report for the V.D. Department 1955

The total number of new patients has risen from 288 in 1954 to 322 in 1955, and 63 old patients who had been discharged in previous years reattended, some of them with new infections. There was a slight decrease in the total number of attendances in 1955, but a definite rise in the number of new patients, particularly in the second half of the year when 188 attended.

There have been 4 cases of newly acquired syphilis, 2 cases of secondary syphilis, and 3 cases of syphilis latent in the first year of infection. The total number of patients with syphilis attending for the first time remained fairly constant, being 14 males and 11 females. There were at least 3 male patients who attended with gonorrhoeal infection and were found to be suffering from syphilis also.

The number of male patients receiving treatment for gonorrhoea rose from 48 in 1954 to 55 in 1955. There was a marked rise in the incidence of gonorrhoea in the last quarter of the year when 25 men attended, against 2 in the first quarter. The half yearly figures show 12 in the first period and 43 in the second.

The number of women receiving treatment for gonorrhoea also increased compared with last year,

the figures being 20 and 35. Again, the rise was most marked in the last 6 months, the number being 11 in the first 6 months and 24 in the last. Of these 35 patients only 22 could be described as bona fide local residents. The other 13 were girls who had come to live in Oxford from places as far afield as Liverpool, Birmingham, London and Plymouth. Most of them were living at addresses already known to us, and many of them attended only for a check-up and short-term treatment before moving on again. This is probably the explanation of why such a large number of patients failed to complete their treatment and observation.

There was a change of Almoner in the middle of the year, and at that time we were fortunate enough to have Miss Bree, a Health Visitor on the staff of the Medical Officer of Health of the City of Oxford, appointed to the clinic to assist in contact tracing and the follow-up of patients. She is able to visit patients who have not responded to follow-up letters and, although her work is limited to the City of Oxford, it is proving of value to the patients and to the efficiency of the clinic.

In my work with the patients in the clinic I have found them most responsive to an interest that is both understanding and unjudging. They can often be helped to see their difficulties and the possible causes of their behaviour, and some are anxious and able, with skilful help, to try and work through their problems towards a more satisfactory life. It is often the practical difficulties which are the stumbling block. Lodgings at a price they can afford are extremely difficult to find, and so are persons who are willing and able to accept their anti-social behaviour and offer them homes where they will find some security and affection. There is also the difficulty of getting them back to work. What is needed is some sort of hostel to which they could go until re-established in work, and some homes where selected girls could find real security and encouragement. This is perhaps a field in which voluntary help could be invaluable, both in the provision of hostel accommodation and in providing homes. At the moment the problem, although small numerically, is causing great concern.

M. J. CARTER.

Vaccination and Immunization

Vaccination against smallpox and immunization against diphtheria and whooping cough are offered in the child welfare clinics. General practitioners also participate in the County Council Scheme for vaccination and immunization under Section 26 of the National Health Service Act.

The percentages of children under 1 year vaccinated in 1955, and in previous years, are shown in the following table:

Percentage under 1 year vaccinated

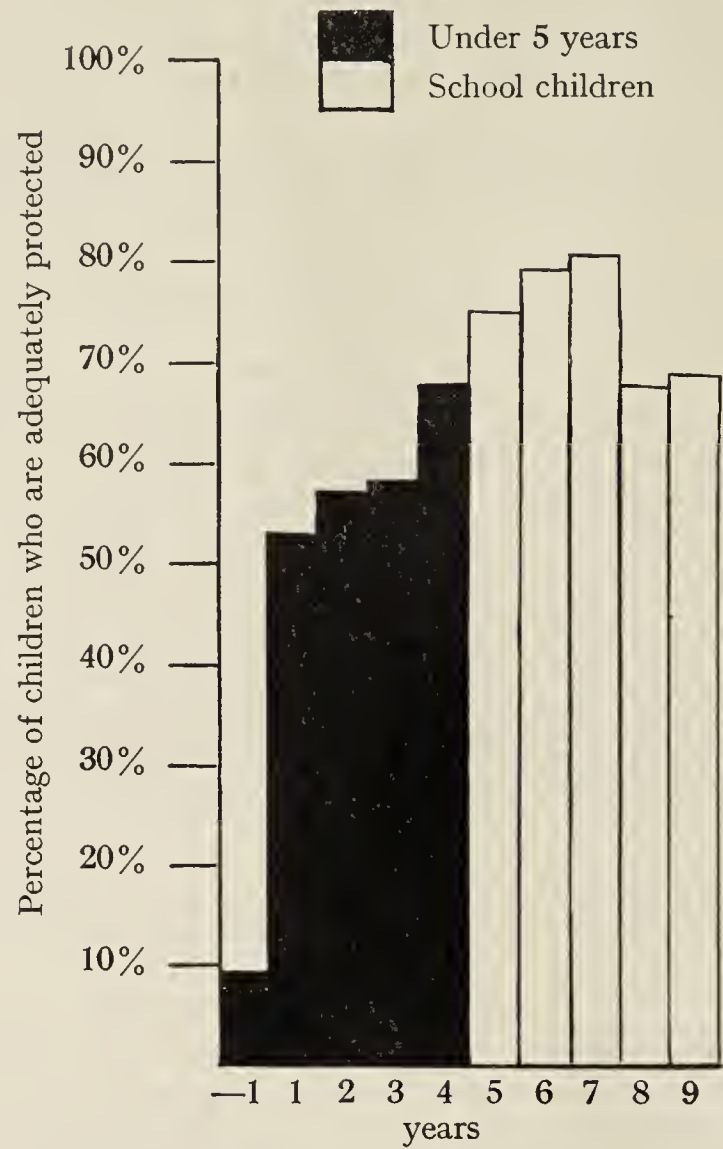
1951	1952	1953	1954	1955
45.5%	40.4%	41.4%	42.8%	43.5%

Diphtheria Immunization

During 1955 the following children received inoculations:

Year of birth	Years of age	No. of children	
		Primary immunization	Booster doses
1955	0-1	295	—
1954	1-2	1,442	—
1953	2-3	196	—
1952	3-4	64	—
1951	4-5	42	32
1946-1950	5-9	153	1,868
1942-1945	10-14	18	146

The following histogram shows the relationship between the diphtheria immunization state of the pre-school child and the school child. This shows a similar level to that of previous years.



Whooping Cough Immunization

More children, 1,533 representing 48.6 per cent of the infant population, were immunized against whooping cough in the first year of life, when whooping cough is most dangerous. Fewer children were immunized between one and four—408 against 1,001 last year, and fewer school children (80) were given protection. One death was recorded from whooping cough in the first year of life.

PART IV

MIDWIFERY, MATERNITY AND CHILD WELFARE SERVICES

Births

Live Births	Male	Female	Total
Legitimate	1,544	1,492	3,036
Illegitimate	80	63	143
			<u>3,179</u>

Domiciliary Midwifery

There is an establishment of 58 District Nurse/Midwives, and in 1955 56 were employed. The domiciliary care of expectant and nursing mothers, and domiciliary confinements are undertaken by the Council's midwives. The service is a Combined District Nursing Midwifery service and the Non-medical Supervisor of Midwives is also the Superintendent Nursing Officer.

During 1955 the domiciliary midwives dealt with 27 per cent of all births in the County, either in the capacity of midwife or as maternity nurses when the patient had booked her own doctor for the confinement. During the five years from 1950 the percentage of births dealt with by the midwives as domiciliary cases has varied from 26 per cent to 33 per cent.

There are no *ad hoc* ante-natal clinics administered by the County Council. Co-operation between general practitioners and midwives is excellent and in general they make their own arrangements for the ante- and post-natal care of their patients. Several doctors have arranged for the midwives to attend their surgeries when they are examining patients ante-natally. Recommendations for institutional confinements on social grounds are submitted by the Health Department to the Maternity Hospitals after consultation between the midwife and general practitioner concerned.

During 1955, 89 dozen maternity outfits were supplied by the Council free of charge.

The following table sets out the work done by the midwives during 1955:

NEW CASES				Cases del. in institu- tion at- tended on discharge and before 14th day	TOTAL VISITS AS		BREAST FEED- ING	MEDICAL AID SUMMONED		ANTE- NATAL VISITS		POST- NATAL VISITS	
Dr. not booked		Dr. booked			Mid- wife	Mat. Nurse		Dr. en- gaged	No Dr. en- gaged	Dr. not booked	Dr. booked	Dr. not booked	Dr. booked
Dr. at del.	Dr. not at del.	Dr. at del.	Dr. not at del.										
24	588	51	214	190	15,874	2,168	737	51	147	9,531	3,841	736	231

Anaesthetics and Analgesia in Labour

All the midwives are trained to administer analgesics. The following table sets out details of the administration of gas and air and pethidine.

	Where doctor was present at time of delivery	Where doctor was not present	Total
No. of cases receiving gas and air	53	705	758
No. of cases receiving pethidine	31	255	286

Medical Aid

Where the assistance of a general practitioner has been sought, in accordance with the rules of the Central Midwives Board, a Medical Aid request is sent by the midwife to the doctor concerned.

Reasons for Medical Aid Requests

MATERNAL CAUSES							FOETAL CAUSES						
Ruptured Perineum	...	...	...	...	72	Discharging Eyes	...	...	...	...	12
Miscarriage and Abortion	...	...	...	...	11	Child Abnormalities	...	...	...	...	4
Uterine Inertia	...	...	...	...	4	Premature Infant	...	...	...	...	9
Abnormal Presentation	...	...	...	...	6	Weakness of Child	...	...	...	...	4
Episiotomy	...	...	...	...	5	Asphyxia	...	...	...	...	2
Retained Placenta	...	...	...	...	6	Macerated Foetus	...	...	...	...	1
Prolonged Labour	...	...	...	...	18	Others	...	...	...	...	3
Haemorrhage	...	...	...	...	7						—
Hypertension	...	...	...	...	2						
Premature Labour	...	...	...	...	1						
Collapse	...	...	...	...	1						
Twin Pregnancy	...	...	...	...	1						
Puerperal Pyrexia	...	...	...	...	4						
Premature Rupture of Membranes	...	...	...	...	4						
Others	...	...	...	...	23						
					165						35		

Emergency Obstetric Units

Emergency Obstetric Units are based on the Radcliffe Infirmary, Oxford, and the Battle Hospital, Reading. This service is available at all times for general practitioners and midwives to provide emergency treatment for patients whose condition precludes their immediate removal to hospital.

Hospital	No. of calls	Condition		Treatment			
Radcliffe Infirmary, Oxford	15	Post-partum haemorrhage	8	Transfusions	...	...	7
		Ante-partum haemorrhage	1	Admissions	...	...	4
		Prolonged 2nd stage	2	Manual removals	...	...	3
		Retained placenta	2	Nil	...	...	1
		Incomplete abortion	1				
		Threatened abortion	1				
Battle Hospital, Reading	5	Ante-partum haemorrhage	1	Admitted			
		Post-partum haemorrhage	4	Blood Transfusion			

Maternal Mortality

There were two maternal deaths in 1955. In accordance with the Ministry requirements these deaths were investigated by a consultant obstetrician.

The following table sets out the Maternal Mortality data for Oxfordshire compared with that of England and Wales.

Maternal Mortality—per 1,000 live and still births

YEAR	OXFORDSHIRE	ENGLAND AND WALES
1950	nil	.87
1951	nil	.82
1952	.32	.72
1953	.31	.75
1954	.30	.75
1955	.614	.64

Dental Care

Dental care for ante-natal, nursing mothers and pre-school children is available from the County Dental Service. The majority of mothers, however, prefer to make appointments with their own dentists, only seven mothers making initial appointments with the Council's Dental Service.

The County Dental Officer reports as follows on the Dental care of expectant and nursing mothers and children under the age of five years:

This year very few expectant and nursing mothers asked for treatment although it is well known by now that treatment can be obtained at the clinics. The reason probably is that so few are in need of dentures that they prefer to have treatment privately, also the few who do require dentures can quite easily afford the cost.

If there had been a full established staff, an effort to bring more of the pre-school children to the clinics by giving informal talks and distributing pamphlets at the Infant Welfare Centres would have been made.

Talks have been given regularly at one Infant Welfare Centre for more than 10 years and although a very large number of mothers have been seen very few bring their children to the clinic until compelled by toothache.

Details of Dental Care of Expectant and Nursing Mothers

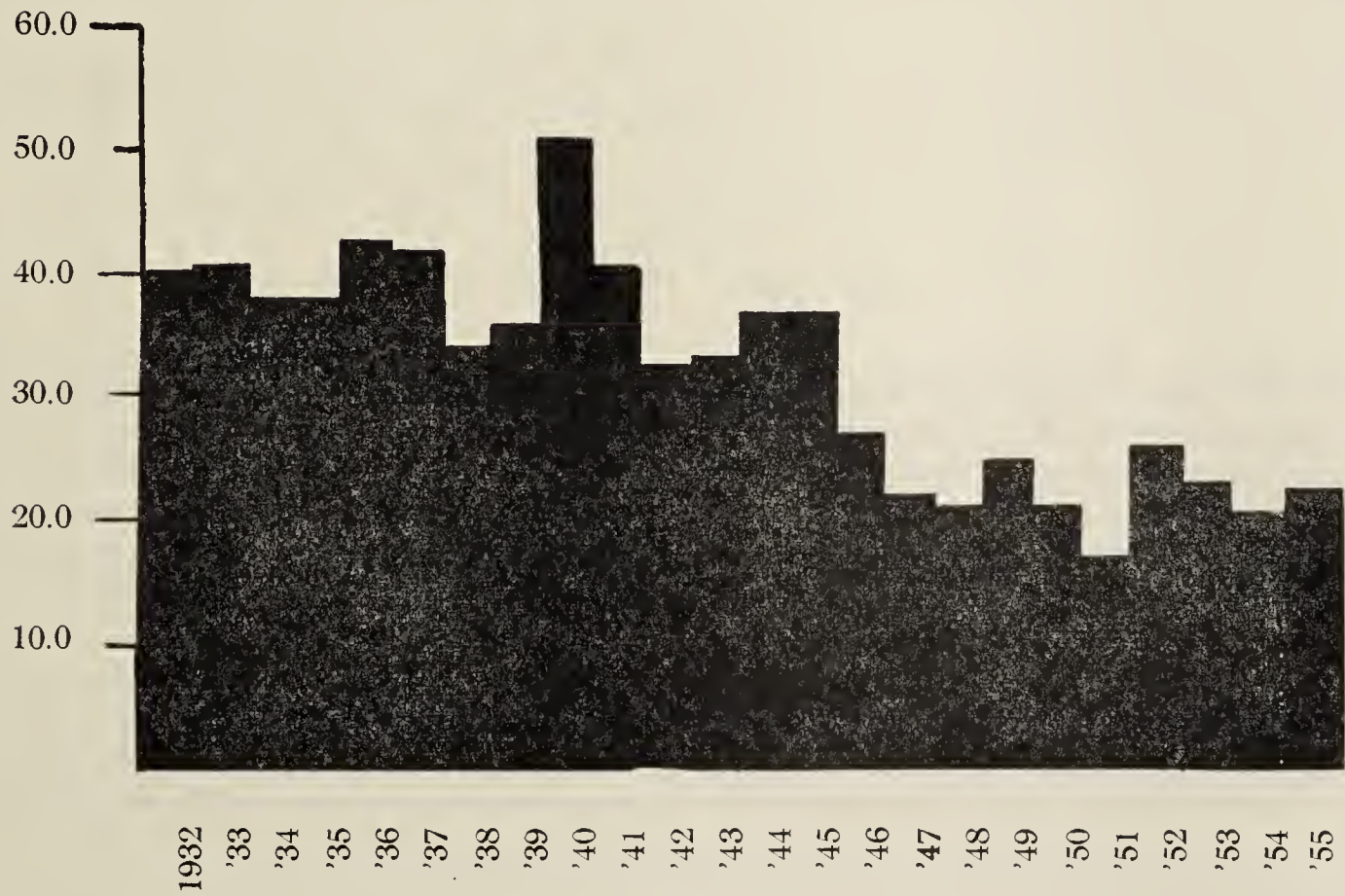
No. of mothers	7	Pre-school inspected ...	204
Expectant	2	Pre-school treated ...	137
Nursing	5	Attendances	164
Attendances	14	Extractions	137
Extractions	16	Fillings	16
Fillings	2	Nitrous oxide	63
Crowns	nil	Silver Nitrate	164
Inlays	nil	Local	21
Nitrous oxide	nil	Scaling and gum treatment	nil
Dentures—Full	1		
Partial	1		

W. J. COOK, L.D.S

Infant Mortality

The following histogram shows the trend in infant mortality since 1932, per 1,000 live births, in the County:

INFANT MORTALITY
1932 — 1955



Premature Births

Live Births							
Weight at birth	Born in hospital			Born and nursed entirely at home			Still-births Born in Hospital
	Total	Died within 24 hours of birth	Survived 28 days	Total	Died within 24 hours of birth	Survived 28 days	
3 lb. 4 oz. or less	20	7	10	2	2	—	6
3 lb. 5 oz.—4 lb. 6 oz.	25	1	24	2	—	2	6
4 lb. 7 oz.—4 lb. 15 oz.	40	1	36	4	—	4	3
5 lb.—5 lb. 8 oz.	81	—	73	24	1	22	4
Totals	166	9	143	32	3	28	19

Causes of Neo-natal and Infant Mortality

CAUSES OF DEATH	Weeks				Total	Months				Grand Total	Died in Insti- tutions
	0—1	1+	2+	3—4		1+	3+	6+	9/12		
1. Pneumonia	7	—	—	2	9	3	6	4	1	23	9
2. Pneumonia and con- genital heart disease	3	—	—	—	3	—	—	—	—	3	3
3. Gastro-enteritis ...	—	—	—	—	—	—	1	—	—	1	—
4. Atelectasis and a. Prematurity ...	3	—	—	—	3	—	—	—	—	3	—
b. Prematurity and birth injury	1	—	—	—	1	—	—	—	—	1	—
5. Prematurity	13	—	—	—	13	—	—	—	—	13	13
6. Prematurity and birth injury	2	—	—	—	2	—	—	—	—	2	2
7. Prematurity and con- genital malformations ...	—	—	—	—	—	1	—	—	—	1	—
8. Congenital malforma- tions	6	—	—	1	7	1	1	—	—	9	6
9. Birth injury	8	—	—	1	9	—	—	—	—	9	6
10. Thrombosis	—	—	—	1	1	—	—	—	—	1	—
11. Staphylococcal septi- caemia	—	—	—	—	—	2	—	—	—	2	2
12. Debility	2	—	—	—	2	—	—	—	—	2	—
13. Rhesus incompatibil- ity	1	—	—	—	1	—	—	—	—	1	—
14. Other	1	—	—	—	1	—	—	—	—	1	1
TOTAL	47	—	—	5	52	7	8	4	1	72	42

Prematurity and birth injury and congenital malformations accounted for the majority of the 47 neo-natal deaths. Of those surviving the first month but dying before the end of the year, pneumonia accounted for the greatest number.

It is to be hoped that, in due course, attention directed to the reduction of the toxæmias of pregnancy will reduce the number of infants' deaths from prematurity by preventing toxæmia in the mothers.

Illegitimate Births

There were 143 illegitimate babies born in Oxfordshire in 1955. (Legitimate babies—3,036). This figure is very similar to that for the previous years. As a percentage of legitimate births the illegitimate figure has remained fairly constant since the rather high figures recorded during the war years.

Moral Welfare

The Local Moral Welfare Associations act as the agents for the Council in the care of unmarried mothers and their children. The workers report as follows:

North and Mid-Oxon Moral Welfare

There has been a slight decrease in the number of new cases referred during the year, but this does not mean that the problem of the unmarried mother is any less acute. There is still a very great need for Moral Welfare work and there are many more we would gladly assist, given the opportunity.

The number of new cases referred was eighty, and these were mainly maternity and after-care cases:

Unmarried expectant mothers	59
Married women expecting illegitimate babies	9
Young women with matrimonial or family difficulties	7
Preventive cases	5

How were we able to help the young unmarried mothers? Plans were made for twenty-seven of them to go to Moral Welfare Maternity Homes, ten of these went to the Diocesan Home at Aylesbury, others went to Homes in London, Croydon, Birmingham, Yateley and Coventry. Nine young mothers and their babies went to Mother and Baby Hostels—five went to the Berkshire County Hostel in Windsor and four to the Oxford City Hostel. Nineteen young mothers had a Hospital confinement, most of them were able to return home with their babies. Most of the new cases were interviewed before admission to a Home or Hospital and, where possible, were visited in the Home or Hospital.

During the year sixteen babies were happily placed with prospective adopters and six were admitted to a Residential Nursery—five babies went to foster homes pending adoption.

Of the nine married women who were expecting illegitimate babies it was possible to secure vacancies for two in a home for unmarried mothers—this is unusual but it was felt that the circumstances made it possible. The other married women had hospital confinements, three were able to keep their babies, and three of the babies were admitted to a nursery.

The problem of the young mothers with a second or even third baby does not grow any less—it is very difficult to know how best to help them, as they seem to treat the matter very lightly, so often feeling sorry for themselves, and the baby is not wanted.

The after-care cases were, in the main, young mothers needing advice in making suitable plans for themselves and babies, or advice on adoption or how to secure financial help from the babies' fathers.

Apart from the cases mentioned inquiries were made on eight cases for other workers and reports sent to the worker; four young women not resident in the area were referred to the workers for their home areas.

The cases referred each year and their problems would appear much the same but really this is not so: everyone is different, in some respect, and therefore needs individual care and help. We do try to give the most suitable advice and friendship to all who come our way, and where possible to keep in touch with the young mother by friendly visits after we have dealt with the immediate problem.

Moral Welfare Work can only be successful where all concerned work together in a friendly and understanding co-operation, and I would like to express my great appreciation of the help given by Doctors, Hospital Almoners and the County Health Department and County Children's Department, all of whom are always ready to give their assistance, and without whose help it would be impossible to do our work.

This report does not include cases dealt with towards the end of 1954, which still needed arrangements completed in one way or another.

MARGARET J. CHAUNDY.

Henley Moral Welfare Association

During the year, 51 cases were supervised and helped, being slightly fewer than in 1954. There were fewer illegitimate babies, fewer preventive cases, fewer domestic and matrimonial problems, the numbers being 11, 7, and 8 respectively.

There were, however, 26 cases carried forward from 1954; and, early in 1955, fifteen babies and mothers were settled back either in the girls' homes or in adoptive homes.

Casework started on four preventive and six matrimonial problems was continued in 1955 and, in several instances, successfully completed.

The position at the end of 1955 was:

Twelve babies were at home with the mothers, five were in foster homes, two in the care of the local authority, six had been placed for adoption and one was still with the mother at Burnell House.

Of the mothers, ten were single girls, one was a married woman living apart from her husband; all were British; seven were normally resident in the area, four had homes elsewhere.

Of the putative fathers, eight were single men, three were married; nine were British, one was American and one Polish.

Four girls were placed in Burnell House, Windsor, and one girl in St. Michael's, Windsor.

Apart from babies placed for adoption through the Diocesan and other Adoption Associations there were several inquiries from couples anxious to adopt (including an inquiry from a girl and husband, now living in the Channel Islands, who wanted to adopt the wife's illegitimate child, now a three-year-old). All these were put in touch with the Adoption Societies.

There were several grants given to girls to help with foster fees, baby clothes, prams, etc.; and these came from the National Council for the Unmarried Mother and her Child, the Oxford Diocesan Mothers' Home Fund, the Police Court Mission and the R.A.F. Benevolent Fund.

Although cases have been fewer, correspondence has increased and so have the number of visits (231) and visits to the office (168).

I have given talks to Mothers' Unions and Young Wives' Groups at Henley, Rotherfield Greys, North Stoke and Mapledurham, the Henley Branch of Toc H and have attended a conference of Youth leaders at Watlington.

J. STOKES

Health Visiting

There is an establishment of 32 Health Visitors/School Nurses in addition to the Superintendent of Health Visitors. During the year the Working Party appointed by the Ministry of Health, Department of Health for Scotland and the Ministry of Education continued its inquiry into the field of work, training and recruitment of Health Visitors in the National Health Service and School Health Service. The conclusions and recommendations of this National advisory body became available in 1956, and are of considerable significance to the Department.

Visits paid by Health Visitors

	1952	1953	1954	1955
Ante-natal	1,058	831	1,057	1,290
Under 1 year	27,325	24,354	27,241	28,218
1-2 years	{ 33,227	{ 34,434	13,452	12,602
2-5 years			19,080	17,802
Hospital After-Care ...	601	882	1,147	1,219
Infectious Diseases ...	528	1,412	439	476
Tuberculosis	4,539	3,979	3,861	3,257
Old Persons	3,531	4,176	6,529	6,980
Home Helps	5,858	5,947	6,538	7,660
Miscellaneous	10,510	8,723	9,854	10,114

The continuing expansion both in variety and volume of work is shown in the number of visits to old persons and in connection with care and after-care of persons discharged from hospital.

Liaison between Midwifery Service and Hospital Maternity Service

Close liaison exists between the Superintendent Health Visitor and the administration and ward staffs of the various hospitals in the region, both with regard to the discharge of new-born babies and the discharge of other cases for whom reports on social conditions are required at admission or discharge by the hospital authorities.

More use could be made of the Health Visitors by hospitals for this type of service.

Liaison with the Chest Physician and the Chest Clinic

A specially designated Health Visitor attends a regular weekly conference at the Churchill and Reading Chest Clinics and is responsible for the visiting and contact tracing work in connection with tuberculous cases.

Training Facilities

In the 1955/56 session 34 students took the course. All 34 students took the examination, 29 passing at the first attempt.

Health Education

There is no programme of formal health education. The main point of contact is the health visitor, in the course of her home visiting and clinic duties.

Leaflets and posters continue to be used at clinics and meetings.

Talks and filmstrip demonstrations have been given throughout the year by various members of the Health Department, several new filmstrips having been acquired.

During the vacation of the Health Visitors' Training School the Tutor devotes the major part of her time to health education in outlying clinics. She has some mobile exhibits which illustrate her teaching of child health and training. Members of the Health Department staff are invited to address meetings of organizations throughout the County. The opportunity is then taken to impart further knowledge on health matters.

Child Welfare Clinics

Child Welfare clinics are held at *ad hoc* County Council premises in Banbury, Bicester, Henley, Thame and Chipping Norton. On the outskirts of Reading and Oxford pre-school children resident in the County attend Borough clinics for which the County Council pays an agreed sum. In addition, there are 69 child welfare clinics held in suitable local premises, e.g. church halls, village halls, etc., at weekly or fortnightly intervals. Emphasis is always placed on promotion of health and prevention of disease. Any children requiring treatment are automatically referred to their own family doctor. In many instances this also happens to be the doctor who is attending the clinic because, with the exception of the Banbury Clinic, the doctor in attendance is always a general practitioner. During the year new clinics were opened at Shutford, Stonesfield and Woodcote.

List of Clinics		
Adderbury	Finstock	Northleigh
Bampton	Fritwell	Peppard
Banbury	Garsington	Rose Hill
Benson	Goring	Sandhills
Benson R.A.F.	Great Milton	Shilton
Bicester	Great Tew	Shutford
Bloxham	Handborough	Stadhampton
Bunkers Hill	Henley-on-Thames	Standlake
Burford	Hethe	Stanton Harcourt
Carterton	Hook Norton	Stonesfield
Chadlington	Horspath	Swalcliffe
Chalgrove	Islip	Tackley
Charlbury	Kidlington	Tetsworth
Checkendon	Kingham	Thame
Checkendon Polish Camp	Kirtlington	Warborough
Chinnor	Leafield	Watlington
Chipping Norton	Littlemore	Wheatley
Clifton Hampden	Lower Heyford	Whitchurch
Deddington	Mapledurham	Witney
Dorchester (Field Farm)	Middle Barton	Woodcote
Enstone	Milton-u-Wychwood	Woodstock
Eynsham	Minster Lovell	Wroxton
Filkins	Nettlebed	Yarnton

Age in years	Total Attendances 1955
0—1	31,625
1—2	12,084
2—5	12,981

The number of children 0-1 years attending for the first time was 2,327.

Day Nursery

The Day Nursery in Banbury offers 40 places to the children whose parents are in employment and who cannot make alternative arrangements for their care during the day. In addition, special cases are given consideration when both parents are not employed, e.g. illness of the mother or unusual social circumstances.

Supplementary Foods

Dried milk, cereals and strained vegetables are available at child welfare clinics at special clinic prices.

The arrangements for the distribution of orange juice, national dried milk, cod liver oil and vitamin tablets by the Local Authority continued to function smoothly during the year. The Women's Voluntary Service were unable to maintain the responsibility for distribution in Banbury from July onwards, and it became necessary to appoint a part-time clerk to assume these duties. Distribution at Bicester, Chipping Norton, Henley and Witney continued to be carried out by the Women's Voluntary Service, while the British Red Cross Society distributed at Thame. The remaining distributors are all voluntary workers, distributing as follows:

Clinics	61
Private Homes	25
Grocers' Shops	24
Schools	3
Church Hall	1

Two new centres were opened during the year at Easington Church Hall and at Grimsbury from a grocer's shop.

78,103 tins of National Dried Milk to the value of £3,399 9s. 3d. were distributed during the year. This is equivalent to 68,340 gallons of liquid milk.

21,807 bottles of cod liver oil and 6,216 packets of vitamin tablets were distributed.

109,858 bottles of orange juice were distributed, the value of this being £2,273 18s. 4d.

PART V

SCHOOL HEALTH SERVICE

SUMMARY OF CONTENTS

	PAGES
Section 1. Committees and Staff	26
„ 2. Statistics	27
„ 3. Periodic School Medical Examinations	28
„ 4. Handicapped Pupils.	34
„ 5. Prevalence and Control of Infectious Diseases in Schools ...	46
„ 6. Hygiene and Sanitation in Schools	48
„ 7. Nutrition, School Meals and Milk	48
„ 8. School Dental Service	49

SECTION 1

COMMITTEES AND STAFF

SPECIAL SERVICES BOARD OF THE EDUCATION COMMITTEE

J. A. FENEMORE, Esq., *Chairman*
BRIGADIER R. J. BRETT, D.S.O.
E. CLOTHIER, Esq., B.Sc.
J. W. HARRIS, Esq. (Deceased during year)
MRS. H. HICHENS, C.B.E.
H. OSBORN, Esq., M.B.E.
REV. J. HAMBLIN PARSONS
C. J. PEERS, Esq.
LT.-COL. THE RT. HON. LORD SAYE & SELE, M.C.
REV. D. TOPLASS
MRS. P. MACDOUGALL
Mrs. W. D. de PASS
L. N. PEARSON

STAFF OF SCHOOL MEDICAL SERVICE, 1954

PRINCIPAL SCHOOL MEDICAL OFFICER

T. ANDERSON, M.B., CH.B., D.P.H.

DEPUTY PRINCIPAL SCHOOL MEDICAL OFFICER

P. W. BOTHWELL, M.B., CH.B., D.P.H.

SCHOOL MEDICAL OFFICER

I. M. MARSHALL, M.B., CH.B.

SCHOOL MEDICAL OFFICERS (PART-TIME):

D. C. HARRIS, M.B., B.S., M.R.C.S., L.R.C.P.
F. CHAPMAN, B.M., B.CH.
F. A. BEVAN, M.B., B.S., M.R.C.S., L.R.C.P.
E. BATE, M.B., CH.B.
C. E. SILVESTER, M.B., CH.B.
J. BORRIE-HARRIS, L.R.C.P., L.R.C.S.
H. F. McCABE, M.B., B.CH.
J. F. MONK, B.M., B.CH.
G. L. STROUD, M.R.C.S., L.R.C.P., D.P.H.
T. COCKS, M.B., B.S.
ANNE DAVIES, L.R.C.P., M.R.C.S.
J. C. RUSSELL, M.C., M.B., CH.B.
A. SHARMAN BEER, M.B., CH.B., F.R.C.S.
R. G. P. ALMOND, B.A., B.M., B.CH.
M. K. ROBERTSON, M.R.C.P., M.B., B.CH.
A. J. CAMPBELL, B.Sc., M.D., D.P.H.
J. W. BULLEN, M.R.C.S., L.R.C.P.
M. A. SLEE, B.M. B.CH. M.R.C.S., L.R.C.P.
G. D. BOLSOVER, B.M., B.CH.

N. J. P. HEWLINGS, B.A., M.B., M.R.C.S., L.R.C.P.
M. FRASER, M.D.
R. G. EAGER, B.M., B.CH., M.R.C.S., L.R.C.P.
L. J. TIMINGS, M.R.C.S., L.R.C.P.
A. R. H. WILLIAMSON, M.R.C.S., L.R.C.P.

SCHOOL DENTAL OFFICERS:

W. J. COOK, L.D.S., R.C.S. Principal School Dental Officer
L. STOLAROW, D.A.S. (Warsaw)
W. P. JONES, L.D.S. (Resigned 30.9.55)
J. M. LUSZTIG, M.D., L.D.S. (Budapest)
W. C. GRIFFITHS-WILLIAMS (Appointed 6.9.55)

SUPERINTENDENT OF SCHOOL NURSES:

Miss MARY C. OWEN, S.R.N., S.C.M., H.V. CERT.

DEPUTY SUPERINTENDENT OF SCHOOL NURSES:

Miss CLARA E. HENRY, S.R.N., S.C.M., M.T.S., H.V. CERT.
31 School Nurse/Health Visitors

EDUCATIONAL PSYCHOLOGISTS:

Mrs. N. M. BARNES, B.A. (part-time)
Miss M. MARKHAM, B.A. (part-time)

SPEECH THERAPIST:

Miss M. PORTER, L.C.S.T.

PHYSIOTHERAPISTS:

Miss M. J. HALL, M.C.S.P.
Miss M. DUNFORD, M.C.S.P. (part-time)
Miss M. J. BOUCH, M.C.S.P. (part-time)



SECTION 2

STATISTICS

STATISTICS BEARING ON MEDICAL INSPECTION

Area of County	...	...	...	...	...	...	470,757 acres
Population of Administrative County (1951 census)	...	...	...	...	...	...	177,090
						(Estimated June 1955)	191,500

Number of School Departments:							
Provided	...	...	...	...	...	...	81
Non-Provided	...	...	...	...	...	...	136
							217

Number of Children on Books:
Oxon. (Primary, Secondary Modern and Grammar Schools) 25,637

Cost of School Medical Inspection and treatment for year ended March 31st, 1955.

						£	s.	d.
Expenditure	...	...	...	...	...	30,990	2	10
Income	...	...	...	...	...	203	1	9
Cost							30,787	1 1
Rate poundage of net requirements for Education							...	10s. 11.7d.
Net Cost of medical inspection and treatment equivalent to rate of								3.1d.

SECTION 3

PERIODIC SCHOOL MEDICAL EXAMINATIONS

General Arrangements for Medical Examinations

The County Medical Officer and the Deputy County Medical Officer are the Principal and Deputy Principal School Medical Officers respectively. A full-time Medical Officer is responsible for the work relating to the ascertainment, management and arrangements for handicapped pupils.

The arrangements whereby General Practitioners act as part-time Assistant School Medical Officers continued in 1955, the system having been in operation since 1908.

The Superintendent Health Visitor is also the Superintendent School Nurse and supervises the 32 Health Visitors/School Nurses employed by the County Council.

The Education Committee employ a whole-time Speech Therapist, the equivalent of two full-time Physiotherapists, two part-time Educational Psychologists and a Social Worker for the treatment of speech defects, orthopaedic defects and emotional disturbances respectively amongst school children.

Medical examinations were carried out at 5, 10 and 15 years of age in addition to special examinations and examinations carried out at the request of parents or teachers.

Arrangements for Treatment

Treatment of defects found at periodic school medicals is arranged through the National Health Service by way of the General Practitioner or the Hospital Service. Specialist Ophthalmic Clinics are held in schools and clinics in the County on a sessional basis by arrangement with the Regional Hospital Board. Ophthalmic Clinics and Orthoptic Clinics are also available at the following hospitals:

1. Oxford Eye Hospital.
2. Burford Hospital.
3. Henley War Memorial Hospital.
4. Horton General Hospital, Banbury.

Minor Ailment Clinics

Permanent clinics are held in Banbury, Witney, Thame, Henley, Chipping Norton and Bicester. There are also clinics in schools at Kidlington, Littlemore, Sandhills, Charlbury and Nettlebed. The following table shows the numbers of children treated :

<i>Ailment</i>	<i>Number of defects treated</i>						
Ringworm	13
Scabies	9
Impetigo	111
Other skin diseases	54
Minor eye defects	213
Miscellaneous	1672

The incidence of Ringworm, Scabies, Impetigo and other skin diseases has been diminishing in recent years, and this is doubtless related to the improving state of general cleanliness in the school population. Eye defects have maintained their numbers in a rising school population.

Ear, Nose and Throat Conditions

Four hundred and thirty cases of enlarged tonsils and adenoids were referred for consultant opinion. Of those 221 required operative treatment. The total number of school children who did receive operative treatment was 261 including those dealt with by private doctors independent of the School Health Service. The waiting time for tonsillectomy and adenoidectomy continues to be in the region of two to three months. It is interesting to compare the change in the number of cases of enlarged tonsils and adenoids considered to require operative treatment in 1945, 1950 and 1955.

<i>Tonsils and Adenoids</i>	1945	1950	1955
Enlarged	537	465	430
Requiring treatment	405	396	221
% requiring treatment	75%	85%	51%

The 51% of 1955 represents a change in the attitude of the surgeon to the necessity for operation rather than a change in the severity of the conditions of the tonsils and adenoids.

This treatment is performed at the following hospitals :

Radcliffe Infirmary, Oxford.
Watlington Hospital.
Thame Cottage Hospital.
Henley War Memorial Hospital.
Horton General Hospital.
Royal Berkshire Hospital, Reading.

Apart from the 5 children formally ascertained as handicapped pupils because of deafness and partial deafness, 49 pupils were found to have defective hearing of a lesser degree, 15 of those suffering from discharging ears. Such cases were dealt with by reference to the pupils' private doctors.

Eye Testing

During the year School Nurses detected 489 cases of suspected defective vision by using the Snellens Type refraction card.

At routine and special examinations 277 pupils were found to be suffering from visual defects other than squint, 59 were found to have squint, and 36 of them required treatment.

Refraction clinics were held in various schools and clinics in the County. Ophthalmic specialists attended for this purpose on a sessional basis. In addition, pupils attend at the Oxford Eye Hospital, Burford Hospital, Henley War Memorial Hospital and Horton General Hospital, Banbury for refraction and orthoptic treatment. In seven hundred and five cases spectacles were prescribed, 672 of these received their spectacles before the end of the year.

Comments Supplied By Part-Time School Medical Officers

The 24 General Practitioners who act as part-time School Medical Officers to the School Health Service Department have reported on the results of their medical examinations of school children during 1955.

The general trend of these reports is to show a satisfactory state of physical health, cleanliness and happiness in the school children. Apart from measles there has been a general freedom from epidemics and illness during the year, and it is noted by several doctors that there is a diminution in the number of cases referred for tonsillectomy.

The incidence of dirty and under-nourished children is very low, and the School Nurses are praised for their part in achieving cleanliness in the school population. The co-operation achieved between the General Practitioner and the School Nurse is again commented on favourably.

The advent of B.C.G. vaccination is welcomed, and the work done at the Remedial Exercise Clinics is appreciated. Concern is expressed at the lack of hygienic sanitation and washing facilities at some of the county schools, and also at the high incidence of dental defect found in school children.

Remedial Treatment

The number of children who have received physiotherapy treatment for their defects remained fairly constant during the year. It is apparent in the secondary and larger primary schools, where clinics have been established for some years, that numbers requiring treatment are decreasing. This is a good sign as it shows that defects are being satisfactorily treated at the infant and lower junior stage when, as a rule, better results are obtained. The number of regular clinics, either fortnightly or monthly in smaller schools, has increased as more children in these schools are being referred for treatment. There is also an increase in the number of schools with two or three children requiring treatment. These are usually visited once a term and on the whole the co-operation of the parents is good and satisfactory progress is made. From twenty-one small schools children are brought in to the larger clinics for their treatment.

The majority of the Grammar Schools have a woman Physical Education specialist with the necessary qualifications to take remedial exercise classes in their own school ; the exceptions are Bicester and Witney. The children from the former school attend the clinic and an endeavour is being made to establish satisfactory arrangements at Witney.

In three Secondary Modern Schools it has been possible to arrange for the woman teacher of Physical Education to take weekly practices for children requiring treatment and these classes receive two or three termly visits from the physiotherapist to give further instruction. Very encouraging results are being obtained in these schools and it is hoped to extend this scheme where suitable teachers are appointed, thus releasing the County Physiotherapists for more work in primary schools.

The clinics for the children suffering from asthma and other chest ailments have continued in Banbury, Witney and Bicester and there is good co-operation from general practitioners concerning this work. One new class has been formed in Woodstock.

During the year a lecture and a demonstration by children undergoing exercise treatment have been given to the Student Health Visitors ; a talk and demonstration of Remedial exercises was also included in a course held for teachers at Bicester.

Two talks on problems concerning postural defects likely to affect children after leaving school were given to Banbury School leavers.

A visit made by the County Physiotherapists to the Churchill Chest Unit was very interesting and of value in making it easier to link up the treatment which children receive while in hospital with subsequent treatment in clinics.

In December, Dr. Wilson from the Ministry of Education spent two days in the county visiting remedial exercise clinics and seeing children at work. Her visit to Oxfordshire was one of several to different authorities and was part of a survey of remedial exercise treatment being provided in schools throughout the country. She showed great interest in all the work being done and was most appreciative of the way in which it was being carried out.

Summary

No. of schools with FOUR teachers or less at which regular clinics are held	..	..	6
No. of small schools where occasional visits are made to 2 or 3 children	..	..	50

Defects treated during the year :—

Total number treated	..	..	..	1674	Parents who refused treatment	..	4
Posture	..	..	..	511	Children withdrawn before completion		
Feet and knees	..	..	..	1019	of treatment	..	1
Respiratory	..	..	..	122	Parents present at clinics	..	427
Special difficulties	..	..	..	22	Children discharged	..	594

M. J. HALL, M.C.S.P.,
County Physiotherapist

Return of Medical Examinations for the year ended 31st December, 1955
(including Banbury Borough)

ROUTINE MEDICAL EXAMINATIONS

Number of Code Group Examinations	1954	1955
Entrants	3406	3492
Second Age group	2219	2271
Third Age group	1642	1691
	—	—
Total	7267	7454
Number of other periodic Examinations	71	62
	—	—
Grand Total	7338	7516

OTHER EXAMINATIONS

Number of Special Examinations	691	671
Number of Re-Examinations	801	852
	—	—
Total	1492	1523

A—Return of Defects found by Medical Examination in the year ended 31st December, 1955

(1) DEFECT OR DISEASE	Periodic Examinations (2)		Special Examinations (4)	
	Number requiring Treatment	Number requiring to be kept under observation, but not requiring Treatment	Number requiring Treatment	Number requiring to be kept under observation, but not requiring Treatment
Skin	31	27	3	1
Eyes—				
Vision	194	58	20	5
Squint	33	21	3	2
Other conditions ...	41	23	2	1
Ears—				
Defective Hearing ...	44	28	5	2
Otitis Media	12	5	3	—
Other Ear Diseases ...	38	26	4	1
Nose and Throat ...	221	209	39	11
Speech	49	34	3	—
Cervical Glands... ..	18	19	2	2
Heart and Circulation ...	24	19	1	1
Lungs	25	25	1	2

A—Return of Defects found by Medical Examination in the year ended 31st December, 1955—cont.

(1) DEFECT OR DISEASE	Periodic Examinations		Special Examinations	
	(2) Number requiring Treatment	(3) Number requiring to be kept under observation, but not requiring Treatment	(4) Number requiring Treatment	(5) Number requiring to be kept under observation, but not requiring Treatment
Developmental—				
Hernia	6	2	—	—
Other	12	5	—	—
Orthopaedic—				
Posture	147	82	29	9
Flat foot	179	87	32	5
Other	87	51	23	6
Nervous System—				
Epilepsy	2	1	1	—
Other	15	7	1	1
Psychological—				
Development	15	18	3	1
Stability	4	2	—	—
Other	121	88	39	8

B—Classification of the Nutrition of Children Examined during the Year in the Routine Age groups

Age-Groups	Number of Children Inspected	A Good		B Fair		C Poor	
		No.	%	No.	%	No.	%
Entrants	3492	2568	73.5	840	24	84	2.4
Second Age-group	2271	1477	65	718	31.6	76	3.3
Third Age-group	1691	1155	68.3	499	29.5	37	2.2
Other Periodic Inspections	62	42	67.7	17	27.4	3	4.2
TOTAL	7516	5242	69.7	2074	27.6	200	2.6

C—Number of Individual Children found at Routine Medical Examination to require Treatment

(excluding Uncleanliness and Dental Diseases)

(1) GROUP	(2) For defective vision (excluding Squint)		NUMBER OF CHILDREN		(4) Total
			(3) For all other conditions recorded in Table A		
Prescribed Groups—					
Entrants	76	558		601
Second Age group	59	285		314
Third Age group	51	224		268
Total (Prescribed Groups)	186	1067		1183
Other Periodic Examinations	8	14		19
GRAND TOTAL		194	1081		1202

Return of Defects treated during the year ended 31st December, 1955
TREATMENT TABLE

I—MINOR AILMENTS (excluding Uncleanliness)

DISEASE OR DEFECT										NUMBER OF DEFECTS		
SKIN—												
Ringworm—Scalp	21
Ringworm—Body	20
Scabies	18
Impetigo	147
Other skin disease	97
MINOR EYE DEFECTS—												
(External and other, but excluding cases falling in Group II)	275
MINOR EAR DEFECTS	43
MISCELLANEOUS	1913
												—
Total	2534

II—DEFECTIVE VISION AND SQUINT (excluding Minor Eye Defects treated as Minor Ailments)

DEFECT OR DISEASE				NUMBER OF CASES TREATED	
				<i>By the Authority</i>	<i>Otherwise</i>
Errors of Refraction (including squint)	—	798
Total number of children for whom spectacles were prescribed				—	705
Total number of children who obtained or received spectacles	...			—	672

Treatment of Defects of Ear, Nose and Throat

DEFECTS OR DISEASES				NUMBER OF CASES TREATED	
				<i>By the Authority</i>	<i>Otherwise</i>
Received Operative Treatment—					
(a) For Diseases of the Ear	—	25
(b) For Adenoids and Chronic Tonsillitis	—	309
(c) For other Nose and Throat conditions	—	43
Received other forms of Treatment	—	51
Total					428

Uncleanliness and Verminous Conditions

Average number of visits per School made during the year by the School Nurses	...	8
Total number of examinations in the Schools by School Nurses	...	1131
Number of children found unclean	...	302

Banbury Borough School Medical Inspection

Dr. A. J. CAMPBELL reports as follows:

The following are the statistics for the Banbury Schools for 1955:

Entrants	..	..	..	..	..	..	..	411
10 years old	..	..	..	..	..	..	..	523
13 years old	..	..	..	..	..	..	..	260
								—
Total	..	..	..	..	..	..	..	1194
Special Inspections	..	..	..	..	..	..	..	427
								—
Total No. of Medical Inspections	..	..	..	..	..	..	..	1621

The standard of nutrition on the whole has been satisfactory, and the number of defects found has been relatively small.

School Clinic

Minor Ailments :							
No. of new cases	..	..	..	..	..	..	240
No. of attendances	..	..	..	..	..	..	1168

Eye Clinic

New cases	..	..	..	..	..	..	112
Old cases	..	..	..	..	..	..	207
No. of attendances	..	..	..	..	..	..	403

Clinics are held for Minor Ailments, Child Guidance, Speech Therapy and Remedial Exercises, at the School Clinic, Warwick Road. The Eye Clinic is held at the Horton General Hospital. Ear, Nose and Throat, Skin and Orthopaedic cases may be seen at the Horton Hospital when required. Patients who require to see consultants are advised to do this through their own Doctor whenever possible.

Handicapped Pupils

No. of pupils certified as Educationally Subnormal	..	1
No. reported to Mental Deficiency Authority under Section 57 (3)	.. .. .	2

Pupils under 11 go to Wood Eaton Manor School. Pupils over 11 at present have to be sent outside the County, but it is difficult to obtain places for them.

A part time occupation centre for pupils reported under the Education Act 1944, Section 57 (3) has been started at the School Clinic during the year.

Immunization

Diphtheria							
Under 5 years	..	..	..	..	..	..	78
School Children	..	..	..	..	..	..	26
Re-inforcement Doses		..	..	..	..	..	138
Whooping Cough	..	..	..	..	..	..	61

B.C.G.

During the year vaccination for Tuberculosis was started in the 13-14 age group. There were 380 pupils in the group.
83.6% consented to vaccination.
16.4% were positive to the Heaf Test and did not require vaccination.
Of those vaccinated 95.9% converted to a positive Heaf Test after vaccination.

Ringworm

After an interval of nearly two years, Ringworm of the Scalp has again appeared in one of the schools in the Borough. Two cases occurred, one of which has now been discharged cured.

Remedial Exercises

Remedial exercises continue to be a most valuable part of the treatment carried out by the School Health Service. Cases of flat foot, posture defects and per cavus are the chief conditions dealt with. An Asthma Clinic has been started, where pupils may attend for breathing exercises. Several cases of spastic paralysis have been treated, mainly in their own homes. A remedial exercises clinic is held twice a month at which cases are seen by the School Medical Officer in conjunction with the physiotherapist, Miss Hall. 184 pupils attended in 1955.

SECTION 4

HANDICAPPED PUPILS

School children with certain disabilities of mind or body which interfere with normal educational progress are deemed by the Handicapped Pupils and School Health Service Regulations to be Handicapped Pupils.

The ascertainment of such handicaps is the responsibility of the School Health Service and in each category special arrangements must be made for the child's education, i.e. 'special educational treatment'. There are ten such categories. The following table gives the numbers in each category in Oxfordshire.

HANDICAPPED PUPILS REGULATIONS 1953

Category	Ascer- tained 1955		Aged 2 to 16 Years					
			Ascertained		In Special Schools		Not at School	
	M.	F.	M.	F.	M.	F.	M.	F.
(a) Blind	1	—	4	3	2	3	1	1
(b) Partially sighted	1	1	6	10	4	4	—	—
(c) Deaf	1	—	6	8	4	6	1	—
(d) Partially deaf	2	2	9	8	5	5	1	1
(e) Delicate	11	8	66	59	2	2	2	2
(f) Educationally Subnormal	7	8	221	142	56	42	12	16
(g) Epileptic	—	—	7	4	1	2	1	—
(h) Maladjusted	4	2	14	8	14	5	—	—
(i) Physically handicapped	11	9	27	26	11	9	7	6
(j) Speech Defect	13	10	63	48	—	—	—	—

HANDICAPPED PUPILS IN SPECIAL SCHOOLS

Category	In Special Schools	Awaiting vacancies in Special Schools	Home tuition and tuition in Hospitals	In Hospital Schools	Total	Discharged
(a) Blind	5	2	Nil	Nil	7	Nil
(b) Partially Sighted	8	Nil	Nil	Nil	8	Nil
(c) Deaf	10	1	Nil	Nil	11	Nil
(d) Partially Deaf	10	1	1	Nil	12	1
(e) Educationally Subnormal	Wood Eaton Manor 56 Outside the County 42 Day Special 8	4	Nil	Nil	110	Nil
(f) Epileptic	3	Nil	1	Nil	4	1
(g) Maladjusted	In Hostels — Special Schools 8 Day Special 2	Nil	Nil	Nil	10	Nil
(h) Physically handicapped Cerebral Palsy	6 Day Special 2 14 Day Special 1	Nil 1	10 1	1 1	19 18	Nil 1 left the County 1 discharged
(i) Speech Defect	Nil	Nil	Nil	Nil	Nil	Nil
(j) Delicate	4 Independent 1 Day 1	1	3	Nil	10	1 from Special School 2 from Home Teaching

Partially Sighted

One girl was ascertained during 1955. She is suffering from a dual defect — partial sight + physical handicap and she is placed in Penhurst, Chipping Norton. One boy who was ascertained blind in 1953, has been re-assessed, and as a result of improvement in the sight, his name has been removed from the Blind Register and added to the Register for the Partially Sighted. He attends the ordinary school and so far, has made good progress. One girl who was admitted to the London

Society's School for Blind Children, Seal, Sevenoaks, Kent, in January 1955, was discharged in July 1955, because of low intelligence. Her name has been added to the waiting list for admission to Exhall Grange School for Partially Sighted Children, Coventry. One boy, who was admitted to St. Vincents School for Blind and Partially Sighted Children, West Derby, Liverpool, in 1954, was discharged in July 1955, as being able to attend the ordinary school. The girl, whose name was on a waiting list at the end of 1954, was admitted to the Barclay School for Girls, Sunninghill, Berkshire in September, 1955.

	Congenital Glaucoma		Congenital Cataract		Congenital Nystagmus		Retinitis Pigmentosa		Myopia		Optic Atrophy		Retrolental Fibroplasia		Total	
Age Groups	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
2— 5 yrs.	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5—11 „	—	1	—	4	—	—	1	—	2	2	—	—	1	—	4	7
11—16 „	—	—	—	2	1	1	—	—	—	—	1	—	—	—	2	3
Total	—	1	—	6	1	1	1	—	2	2	1	—	1	—	6	10

Deaf

One boy, aged one year and eleven months, was formally ascertained and his name was added to the waiting list for admission to Donnington Lodge School for the Deaf, Newbury, Berkshire. One boy, transferred from the City of Oxford to the County, had been in Beech Croft School for the Deaf, Highams Park, E.4. This school closed in July 1955. The boy was admitted to the Royal School for the Deaf, Birmingham in September 1955.

CAUSES OF DEAFNESS ASCERTAINED TO DATE

	Meningitis		Congenital		Total	
Age Groups	B	G	B	G	B	G
2—5 yrs	—	—	1	—	1	—
5—11 „	—	2	2	2	2	4
11—16 „	1	2	2	2	3	4
Total	1	4	5	4	6	8

Partially Deaf

Four children were ascertained in 1955. One girl, whose partial deafness followed tuberculous meningitis, was able to attend the ordinary school part-time and had home teaching part-time. Two children (brother and sister) were admitted to the Royal School for the Deaf, Derby, in September 1955. The fourth child's name has been added to the waiting list for admission to the Royal School for the Deaf, Birmingham and it is expected that she will be admitted in January 1956. The child, whose name was on a waiting list at the end of 1954, was admitted to Donnington Lodge School, Newbury in 1955.

One boy, having reached the age of 16 years, was discharged in July 1955.

CAUSES OF PARTIAL DEAFNESS ASCERTAINED TO DATE

	Meningitis		Mastoid Disease		Congenital		Total	
Age Groups	B	G	B	G	B	G	B	G
2—5 yrs.	—	—	—	—	—	1	—	1
5—11 „	1	—	—	—	3	5	4	5
11—16 „	1	2	1	—	3	—	5	2
Total	2	2	1	—	6	6	9	8

Educationally Subnormal

Wood Eaton Manor School

Twenty-one boys and nine girls were formally ascertained and recommended admission to the school. Seventeen boys and nine girls were admitted. The parents of one boy, who was formally ascertained, refused consent. The parents of one girl refused examination. One boy left the County before he could be admitted. Three boys' names were added to the waiting list for admission in 1956. One boy, a transfer into the County from Bucks, was admitted. One girl was admitted on a period of trial. It was not possible to test her before admission as she refused to speak or co-operate. The number of refusals from parents decreased markedly.

Transfers from the school to Senior Schools for Educationally Subnormal Children were as follows:—

Two boys to Packwood School, Warwickshire.

Two boys to Ryton Hall School, Wolverhampton.

Ten boys to Swaylands Park School, Penshurst, Kent.

The parents of one boy withdrew the child from Swaylands Park School at the end of one term and sent him to a Private School in Oxford.

Two girls were transferred to Holyport Manor School, Maidenhead, Berkshire. One of these girls who had been border-line ineducable on admission, was withdrawn after two terms, at the request of the Berkshire Education Authority.

One junior boy was recommended for admission to Slade Park Day Special School, Oxford, but the parents refused consent. One boy's name is on the waiting list for admission to Besford Court School, Worcester. One girl is awaiting a vacancy in Holyport Manor School. Normally, she would have been admitted to Wood Eaton Manor School, being a junior of nearly ten years of age, but as the family live adjacent to the Manor, it was thought advisable to admit her to a school outside the County, especially as the parents expressed a wish for this to be done. Her name is on the waiting list for admission to Holyport Manor School where she would have gone, in any case, at the age of transfer. It is expected that she will be admitted in January 1956.

Senior Educationally Subnormal Children

Seven boys were formally ascertained. Of these, two were brothers, whose father refused consent for special schooling. The family left the County shortly afterwards.

One boy was admitted to Ryton Hall School, Wolverhampton, after a short period of waiting. Four boys are awaiting placement. It is expected that one boy will be admitted to the Royal Eastern Counties' School, Girton, Cambridge in January 1956 and that one will be admitted to Slade Park Day Special School, Oxford at the same time. The names of the other two boys are on a waiting list but no specific date of admission has been given.

Two boys, ascertained in 1954, were admitted to special schools in January 1955 :—one to Ryton Hall and the other to the Royal Eastern Counties' School, Girton, Cambridge. One boy, who had been at Swaylands Park School for five terms, was withdrawn because of inability to make progress, at the request of the Middlesex Authority and another was withdrawn from Girton for the same reason. These boys were re-assessed and found to be ineducable. They were reported to the Local Health Authority for the purposes of the M.D. Acts under Section 57 (3) Education Act, 1944.

One girl was formally ascertained and her name was added to the waiting list for a vacancy in Holyport Manor School, Maidenhead, Berkshire.

Epileptics

There is no change in this category. Three children are in Special Schools :—

One boy in Chalfont Epileptic Colony, Chalfont St. Peters and one boy and one girl in Lingfield Epileptic Colony, Surrey.

Physically Handicapped

One girl, whose name was on a waiting list at the end of 1954, was admitted to Halliwick Hall School, Winchmore Hill, in January 1955. Of four children ascertained in the past year, two attend Oxford City's Open Air School, daily, one was admitted to Elmfield School, Harpenden, Herts, and the other had home teaching.

Home teaching was continued for ten other children.

PHYSICALLY HANDICAPPED PUPILS ASCERTAINED TO DATE

	Arthritis of Hip		T.B. ankle		Bilateral talipes. Congenital		Spina Bifida Congenital		Perthes Disease of Hip		Congenital dislocation of Hips		Paralysis following Acute Ant. Poliomyelitis		Congenital Heart Disease		T.B. arthritis of Knee		Severe Genu Valgum.		Paraplegia following Meningitis		Congenital fragilitas Ossium		Total	
Age Groups	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
2— 5 yrs.	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	—	—	—	—	—	—	2
5—11 „	—	—	1	1	3	2	—	2	1	—	—	4	5	1	4	6	1	—	—	—	—	—	—	—	15	16
11—16 „	1	—	—	—	1	—	—	2	1	—	—	—	2	2	4	4	—	—	1	—	1	—	1	—	12	8
Total	1	—	1	1	4	2	—	4	2	—	—	4	7	4	8	11	1	—	1	—	1	—	1	—	27	26

Cerebral Palsy

Three children whose names were on waiting lists at the end of 1954, were admitted to Special Schools :—

One boy to Penhurst, Chipping Norton.

One boy to Exhall Grange School, Coventry.

One boy to Craig Y Parc School, near Cardiff.

Two children were formally ascertained during the year. The girl was admitted on a trial period to Elmfield School, Harpenden, and the boy's name was added to a waiting list, with the promise of a vacancy early in 1956.

One girl was discharged from school, on reaching 16 years of age. One boy and one girl left the County.

Fourteen children are in Special Schools, seven children attend the ordinary school, one awaits a vacancy, two have home teaching, one has occupational therapy and physiotherapy at the Churchill Hospital and four have no treatment apart from exercises at home, supervised by the County's Physiotherapists. One child died.

TYPES OF CEREBRAL PALSY ASCERTAINED TO DATE

Age Groups	Diplegia		Athetoid		Hemiplegia		Ataxia		Paraplegia		Total	
	B	G	B	G	B	G	B	G	B	G	B	G
2— 5 years	—	—	—	—	1	—	—	—	1	—	2	—
5—11 „	4	1	1	4	—	1	—	—	1	—	6	6
11—16 „	2	4	1	—	4	2	1	—	1	—	9	6
Total	6	5	2	4	5	3	1	—	3	—	17	12

Delicate

One girl who was recommended for admission to a Special School in December 1954, was admitted to Port Regis Open Air School, Broadstairs, Kent in April 1955.

One girl was admitted to Oxford City's Open Air School, in April 1955 and continues to attend daily.

One girl, recommended for admission to a Special School, in November, is expected to be admitted to Wanstead House, Cliftonville, Margate, Kent, in January 1956.

One boy was admitted to St. Catherine's School, Ventnor and another boy had home teaching for two terms, being fit to return to the ordinary school in September 1955.

One boy who had been in Meath Hospital School for 2½ years, was discharged in July and returned to the ordinary school in September.

The following table sets out the reasons for classifying as ‘delicate’.

DELICATE PUPILS

Age Groups	Pulmonary Tuberculosis		Tuberculous Glands		Tuberculous Meningitis		Tuberculosis of Skin		Asthma		Asthma and Bronchitis		Bronchiectasis		Coeliac Disease		Rheumatic Heart Disease	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
2— 5 years	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5—11 „	12	9	3	4	1	—	—	—	3	1	4	3	2	1	—	1	1	—
11—16 „	10	7	1	—	—	2	—	—	9	3	2	2	2	4	2	—	5	2
Total	24	17	4	4	1	2	—	—	12	4	6	5	4	5	2	1	6	2

Age Groups	Glandular Deficiency		Aneurysm of Jugular vein		Nervous Debility		Chorea		Brain Tumour		Rickets		Nephritis		Diabetes		Total	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
2— 5 years	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	3	1
5—11 „	—	—	—	—	2	6	—	2	—	2	—	—	—	—	—	1	28	30
11—16 „	—	1	—	1	2	2	—	1	—	1	—	—	—	1	2	1	35	28
Total	—	1	—	1	4	8	—	3	—	3	1	—	—	1	2	2	66	59

Ineducable Children

Eight children were referred and visited at home. Of these, one has left the County, one was notified to the Local Health Authority, at the request of the parents and one, a transfer into the County, was notified to the Local Authority for the purposes of the M.D. Acts. Thirteen boys and six girls who have been under observation, were notified under Section 57(3) Education Act 1944 and two boys were notified under Section 57(5) as requiring supervision after leaving school. Three boys had lengthy periods of trial in Special Schools—two in Wood Eaton Manor School and one in Swaylands Park School, Kent, but they failed to make any progress.

Section 57—Education Act 1944

The number of ineducable children notified and formally referred to the Mental Deficiency Acts Committee was as follows :—

	M.	F.
Under Section 57 (3)	13	6
Under Section 57 (5)	2	—
	—	—
	15	6

Total 21

Apart from children referred in 1955, seven other children are under observation and have not yet been notified to the Local Health Authority.

VISITS MADE IN CONNECTION WITH HANDICAPPED PUPILS

							Boys		Girls
Educationally Subnormal Children	..	..	..	..	..	..	18		13
Low Average Intelligence	..	..	..	..	..	..	8		5
Average Intelligence and Over	..	..	..	..	..	..	5		—
Physically Handicapped Children									
Educationally Subnormal	..	..	..	..	..	..	—		2
Low Average Intelligence	..	..	..	..	..	..	1		—
Average Intelligence and Over	..	..	..	..	..	..	2		3
Home Visits							New		Follow-up
Educationally Subnormal	..	..	..	..	..	..	56		126
Physically Handicapped	..	..	..	..	..	..	42		274
Mentally Defective	..	..	..	..	..	..	12		34
Special Medical Reports and Certificates									
For this Authority	..	..	..	..	..	..			7
For other Authorities	..	..	..	..	..	..			1
For the Psychologists	..	..	..	..	..	..			2
For the Radcliffe Infirmary	..	..	..	..	..	..			1
							Boys	Girls	Total
Employment Certificates	..	..	..	..	..	..	116	35	151
Mental Defectives notified to the Local Health Authority							Boys		Girls
Section 57 (3)	..	..	..	..	..	..	13		6
Section 57 (4)	..	..	..	..	..	..	—		—
Section 57 (5)	..	..	..	..	..	..	2		—
Mental Defectives not yet notified but under observation						..	6		6
Mental Defectives : Intelligence tests	..	..	..	..	..	..	2		—
and re-tests	..	..	..	..	..	..	4		1
Children recommended for admission to Wood Eaton Manor									
School	..	..	..	..	..	..	21		11
Consent given	..	..	..	..	..	..	20		10
Consent not given	..	..	..	..	..	..	1		1
From Banbury:									
Children over the age of 11 years recommended for admission									
to Special Schools for Educationally Subnormal Children							7		3
Consent given	..	..	..	..	..	..	5		3
Consent not given	..	..	..	..	..	..	2		—
Children recommended for admission to Special Schools for									
Physically Handicapped and Delicate Children	..	..			..	..	4		2
Consent given	..	..	..	..	..	..	3		2
Consent not given	..	..	..	..	..	..	1		—
Physically Handicapped children examined on leaving school									
for County Youth Employment Officer	..	..			..	..	2		5
Number of Schools visited	..	..	..	..	..	..		77	
Total number of school visits	..	..	..	..	..	..		143	
Wood Eaton Manor School visits	..	..	..	..	..	..		15	

Medical Examinations 1955

Teachers :

This Authority	..	..	..	..	..	13
Other Authorities	..	..	..	..	..	2
Dental Attendants	..	..	..	..	..	2
Clerks	..	..	..	..	..	10
Wood Eaton Manor	..	..	..	..	..	1
Health Visitors	..	..	..	..	..	1
Bodicote Lawn Hostel	..	..	..	..	..	1
College Entrants	..	..	..	..	..	29
Canteen Workers	..	..	..	..	..	1
Civil Defence	..	..	..	..	..	1

I. M. MARSHALL, M.B., CH.B.,
School Medical Officer.

Defective Speech

The number of places visited regularly has been increased this year, to provide speech therapy for children prevented by transport difficulties from attending clinics already established. Treatment is now given in schools or clinics once weekly in Banbury, Bicester, Henley, Littlemore, Thame and Witney, and in addition at Old Marston and Steeple Aston. Fortnightly treatment is given at Chipping Norton, Kidlington, and at two further places, Bladon and Woodstock. Home visits were made to see children in out-lying districts, and some treatment was given in homes.

During the year, the total number of children who attended the speech clinics was one hundred and forty-five. Of those receiving regular treatment, the proportion seen only once fortnightly was twenty per cent, and this infrequent treatment is inadequate. A number of children would benefit considerably if twice weekly treatment were possible. Five pre-school children have attended clinics, and in two cases, children who previously had defective speech, were able to enter school speaking normally. Two educationally subnormal children from Middlesex County Council's Park Place School, Henley, were treated. There is always a predominance of boys over girls among speech defective children, and this year seventy per cent of children attending the speech clinics were boys.

The total of children discharged was sixty-eight; of these, fifty-one had normal speech. Among the other children discharged, six improved considerably, three made some improvement, three left the County, two were discharged for non-attendance, one was transferred to the Churchill Hospital, and one left school.

The usual termly visits were made to Wood Eaton Manor E.S.N. School, and though the number of speech defective children there remains comparatively low, there are sufficient to make a weekly session worthwhile if only there was time to give to it. This is not possible to arrange at present as the waiting list continues to be large.

Three children were referred to the Psychologists for intelligence assessment, and two children were referred for child guidance. In five cases, parents were asked to take children to their own doctors because of large tonsils affecting speech. After tonsillectomy, speech was considerably improved in every case.

A tape recorder has been in use during the last three months of the year, and has already been of great value. Its main purposes at present have been to keep a record of a child's progress, and to enable the child himself to hear and recognize his defective speech. It was expected that this latter use would only help the older and more intelligent child, but it has been surprising in experimenting with the machine to find how many children as young as five years can identify their voices and simple dyslalic speech errors. This is very likely helped by every child's familiarity with sound and television broadcasting.

In the following chart, children treated in small villages have been included in the numbers of the nearest town.

	Treated Regularly	Under supervision	Discharged	Discharged: Speech Normal	New patients	Main Defects:				Waiting List
						Dyslalia	Stammer	Signatism	Dysarthria	
Banbury	19	7	8	8	8	13	7	3	3	3
Bicester	10	1	4	3	4	7	3	1	—	4
Chipping Norton	11	1	8	5	6	5	1	3	3	4
Henley	23	2	11	7	10	19	3	2	1	9
Kidlington	8	1	4	3	6	4	3	1	1	—
Littlemore	15	—	11	8	9	10	2	2	1	—
Thame	8	3	6	4	5	7	4	—	—	2
Witney	23	4	12	10	11	12	8	5	2	31
Woodstock	8	1	4	3	5	6	1	2	—	—
Total	125	20	68	51	64	83	32	19	11	53

M. PORTER, L.C.S.T.
Speech Therapist.

Maladjusted Pupils

These pupils are catered for by the Child Guidance Service with a part-time Clinical Director, a part-time Consultant Psychiatrist, two part-time Psychologists and a Social Worker. There is a Residential Hostel for Maladjusted Children at Bodicote.

Child Guidance Service

Staff : Dr. R. G. McINNES, Consultant Director
Dr. V. L. KAHAN, Clinical Director
Miss M. MARKHAM, Educational Psychologist
Mrs. N. BARNES, Clinical Psychologist
Miss M. BOSELLI, Social Worker, Full time.

1 session monthly
21 sessions monthly, i.e. 2½ days weekly.
approx. 14 sessions monthly.

<i>Clinics :</i>	Oxford	8 sessions monthly.	Thame	1 session monthly.
	Banbury	4 sessions monthly.	Bicester	1 session monthly.
	Henley	2 sessions monthly.	Witney	1 session monthly.
	Bodicote Lawn Hostel		4 sessions monthly.	

During the whole of 1955 the Child Guidance Service had the same professional staff as in the previous year.

During the year 100 new cases were seen. 31 of these were children for whom an opinion was requested by the Benches of Juvenile Courts in this area. The supplying of these reports is a duty placed on the clinic as a result of the boys' Remand Home for the region being in Oxfordshire. Of the 69 new cases which came through the more ordinary channels of referral, 35 had been referred through medical channels and 34 through all the others, the latter including school referrals, parent referrals, Children's Officer referrals (10), and 5 cases from out-county agencies although they were concerned with children resident in this county. Since the establishment in Buckinghamshire of a partial Child Guidance Service the number referred by the Buckinghamshire Medical Officer of Health has dropped from 7 to 3. Boys continued to outnumber girls, 41 boys being seen and 28 girls. The peak of referral in age was the 10th year, but in fact half the total cases seen come in the age group from 8 to 11 years inclusive. There is a gratifying small peak of referral in the year 6, and it is hoped as part of the increasing knowledge of what Child Guidance can do that more and more cases will be referred earlier than in the past.

It is the experience of Child Guidance clinics that behaviour problems are seen in greater frequency than any other type of cases. This is due to the nuisance value that a child exerts on the adults looking after him be they school teacher or parent. It is always gratifying when referrals for problems to do with nervousness, whether overt, concealed, or habit disorder, and educational difficulties, outnumber them. This position has been achieved in previous years and in 1955 this satisfactory trend increased. Frank behaviour difficulties accounted for 30 cases, the remaining 39 being the type of case that until recent years would have been less likely to be referred to Child Guidance. Until recently parents, family doctors and teachers have accepted a great deal of personality difficulties in children as a matter of course. Now even when children are not making difficulties there is a call for expert help in conditions damaging in themselves, but not annoying to adults. It cannot be too often repeated that disturbed children whether their difficulties show in one particular field or another are in fact demonstrating a general lack of healthy personality development. It is exceedingly rare for children to be disturbed only in one aspect of their lives.

It is convenient for statistical, and classifying purposes, to place a case in a category and from this viewpoint the classifying of cases according to the reason for their referral to the clinic by the referring agency is more suitable than most. It gives the referring agency the feeling that their problem is appreciated by the specialist service, it is often an indication where the major problem lies, and in later discussion of the case forms a link between those who look after the children, both at school and generally, and the clinic, although within the clinic the case may be seen in more basic and different terms.

The year started with 170 open cases. Deducting the 31 diagnostic cases that were seen for Juvenile Benches 69 cases remained and were taken on the books. 75 cases were closed and as a consequence there was a slightly smaller case load of 164 cases for 1956.

Children at Bodicote Lawn Hotel, who are all active clinic cases, are included in the total. They have received their customary high priority of the time of the clinic throughout the year. All children were interviewed in continuous rotation, and a session a week spent in case conference with the hostel staff. As a result each child had at least two examinations a term. Frequent case conferences support and encourage the hostel staff in their arduous duties, and fertilise their approach to the management of maladjustment generally, and their understanding of individual cases. Children under treatment show continually changing problems while progressing, and it is a very useful measure for those in continuous close contact with them to receive the views of those who are standing further back, and yet have intimate knowledge of the cases.

During the year 75 cases were closed. 5 moved from the district, 6 were for diagnosis only, and 4 were transferred to other agencies as they were not considered appropriate cases for Child Guidance. Of the remaining 60 cases, 50 were closed as improved, and only 10% on account of lack of co-operation by the parents. This figure is much in keeping with that of last year. The Child Guidance Clinic is always acutely aware of its responsibility to parents of the children referred as well as for the children themselves. It is only in the most intractable cases that closure is put into effect on account of parents' non co-operation. This is more often due to the parents having difficulties which they are not able, or unready to face up to, than wilfulness. As techniques improve and the types of cases referred are better selected through the experience of referring agencies, this figure will diminish.

The year ended with 164 cases. This is a heavy case load for the manpower involved and it is to be expected that when more workers become available not only will the number of new cases seen

increase but also that the current case load will be more intensively worked upon, and thus move faster.

The additional demands in mental health education that were made during the year fell principally on the Clinical Director. Dr. Kahan was requested to teach on the Health Visitors Course, with two formal lectures and two seminar type visits of observation to the Child Guidance Clinic.

During the year, fortnightly Case Conferences on long-stay children taken into the care of the County Children's Department were held at Morland House, the reception home for Oxfordshire County Council. The increasing attention to the mental health aspect of both child care and child medical management that was first reported for the year 1954 has continued during 1955.

It is appropriate to point out in this annual report that the clinic has not been able fully to meet the demands made on it as satisfactorily as it would have done had there been more time available. An additional two specialist psychiatric sessions a week, a play psychotherapist working one session a week, an additional junior Social Worker half time, could all with advantage be employed on the volume of work that is already reaching the clinic.

It is the pleasant duty of the writer of this report to give grateful thanks to all those members of the staff who have worked unstintingly to achieve the successful working of the service.

R. G. MCINNES, F.R.C.P.E.,

V. L. KAHAN, L.M.S.S.A., D.P.M.,
Consultant Psychiatrists.

School Psychological Service

The number of children referred to the School Psychological Service in 1955 increased again slightly, no doubt owing to a greater number of pupils in the schools. The causes of referral are, as ever, chiefly due to the desire of teachers and parents to account for a child's lack of progress generally in school, or for his particular failure in reading or arithmetic. When it is found after test that a child is mentally one or two years below the normal level for his age group the Head Teacher is then able to grade him more accurately and knows what can fairly be expected of him. If the contrary is found efforts are then made to see why the child is failing to work up to the full measure of his ability. If there are difficulties at home the case is then passed on to the Child Guidance Service.

A second remedial teacher of reading was appointed in October, Miss Brinson, and she is now working in the Banbury area. Miss Knowles is taking groups of backward readers at Woodstock C.E. Primary School, Aston Bampton C.E. Primary School, Bampton C.E., Witney Batt C.E. Junior and Witney Hailey Road County Primary: a third teacher was appointed to begin similar work in January 1956 in the Henley area. The work has been successful in that the Modern Secondary Schools report that not so many nor such badly retarded readers are now coming up to them.

Special classes for backward children in Modern Schools exist at Easington, Northfield, Bicester, Wheatley, Rotherfield, Bampton, Woodstock and Watlington. An arrangement for groups of backward readers is made at Witney, Henley, Sonning Common, Dorchester, Woodcote, Burford, Chipping Norton, Deddington, Gosford Hill and Hook Norton.

At the request of the Principal of the Dependents' School at Brize Norton Aerodrome a visit was paid to advise on the education of a backward child there and it was valuable for the Psychologist to see the workings of another school system. This boy was later admitted to Wood Eaton Manor School.

Fifteen children have been coached in reading during the year by the psychologists.

Visits have been paid regularly to Wood Eaton Manor School, Bodicote Lawn Hostel and the Remand Home.

M. MARKHAM,

Educational Psychologist.

N. M. BARNES,

Clinical Psychologist.

CLINIC CASES Source of Referral	Problem: Difficult behaviour	Nervousness: Speech difficulty	Enuresis: Soiling	Intelligence Quotient Retests	School placement: Vocational guidance	Delinquency	TOTALS
Head Teachers	4	3	—	—	3	—	10
S.M.O.: Sp. Therapist: Health Visitors	3	—	1	—	3	—	7
Juvenile Courts	—	—	—	—	—	31	31
Parents	4	3	2	—	1	—	10
Children's Officer: Psychiatrist: P.S.W.: S.W.O.	8	—	3	—	—	—	11
Hospitals and Private doctors	15	3	5	—	3	—	26
Bucks S.M.O.	—	—	—	—	2	—	2
Other agencies	3	—	—	—	—	—	3
TOTALS	37	10	11	—	8 + 3	31	100

Age Range—3 years — 15.9/12 years

NON-CLINICAL Source of Referral	Problem: General backwardness	I.Q.: Vocational Guidance. School placement	Nervousness	Delinquency	Speech defect	Enuresis	Difficult behaviour	TOTALS
Headteachers	53	99	10	—	7	—	8	177
Advisory and Remedial Teachers	7	2	—	—	—	—	—	9
S.M.O.: Health Visitors: Speech Therapist	4	29	—	—	8	3	1	45
Hospitals and Private doctors	1	1	1	—	—	—	1	4
Parents and Guardians	—	9	1	—	—	—	—	10
Other agencies	—	6	—	—	—	1	—	7
Children's Officer	—	13	—	—	—	—	1	14
Juvenile Courts	—	—	—	1	—	—	—	1
C.G.C. for Retest	—	17	—	—	—	—	—	17
TOTALS	65	176	12	1	15	4	11	284

Age Range—2 years 11 months to 16 years.
I.Q. Range—37 to 120.

Hostel for Maladjusted Children, Bodicote Lawn, Banbury

1955 has seen a steady development in the work carried out at Bodicote Lawn Hostel, where fifteen places are available for the treatment of disturbed junior school children, in cases where the temporary removal from an upsetting home atmosphere is considered an essential factor in effecting an improvement in their condition.

Seven children were admitted during the year, six between the ages of 6 and 10 years, and one boy of 12 years who was re-accepted for a month. Four admissions were children from Oxfordshire, and three came from Oxford City. It is interesting to note that four of the seven children admitted are in the care of the Children's Officer of their respective Authority; this is a significant reflection of the effect on an anxious and insecure child of a breakdown in normal home life.

Admission to Bodicote Lawn Hostel is recommended by the Clinical Director of the Child Guidance service; after admission he continues to supervise the child's treatment at the hostel and supports this by regular psychiatric interviews at Banbury Child Guidance Clinic. Intelligence testing is performed by the Educational Psychologist, who also maintains liaison between the hostel and the schools, whilst the Social Worker keeps in touch with the children's homes and by advice and help

does everything possible to modify the attitudes which led to the breakdown of relationships between the child and its parents.

The symptoms of maladjustment in the children admitted during the year can be set out as follows:

<i>Boys</i>	<i>Girls</i>
	1 Aggression, difficult behaviour at school stemming from disturbed home conditions.
1	Out-of-hand at home. Inability to make adequate personal relationships, resulting from early mismanagement.
	1 Anxiety traits, exaggerated by insecure home atmosphere.
1	Fostered child, retarded in school work though of average ability. Timid and disturbed. Wets and soils.
1	Foster child, displaying behaviour problems at home and at school. Admitted for observation over a period.
	1 Aggressive behaviour resulting from poor home relationships.
1	Readmission from Children's Home to effect refostering, after breakdown of previous fosterhome.

Seven children (4 boys, 3 girls) were discharged in 1955 (excluding the short-stay boy who was fostered in Banbury after a month at the hostel). All the children showed improvement ; two boys and one girl returned to their own homes where their modified attitudes made them acceptable to their families ; foster homes were found for two girls ; one boy from Warwickshire returned to the Children's Home where previously he had been unacceptable because of his behaviour, and another boy from the same county was transferred to a Special School for Maladjusted Pupils catering for his age group.

The average length of stay in the cases of the seven children discharged in 1955 was 24 months, corresponding closely with the discharges for the previous year, viz. 25 months.

Schools. All children resident in the hostel attended St. Mary's School, Banbury, except one child who attended St. John's R.C. School at the request of his parents. Sustained interest is taken by the hostel staff in the children's school work and progress, and the encouragement so given has frequently resulted in a child making a real effort to do well with remarkable success. The children are stimulated to take full part in the school life and activities. Should difficulties arise, the Warden is always there to support the child, and the Headmaster is continually patient and accepting of the children's special handicaps. Six school prizes were awarded to children at Bodicote Lawn Hostel at the end of the summer term 1955.

Staff. Mr. and Mrs. N. H. C. Colchester continue to act as Warden and Matron. The resident assistant, Miss Thorpe, left in April after a year's stay and has been replaced by Miss Goddard. Although fortunately Miss Goddard settled in quickly and was speedily accepted by the children, these constant changes of assistant staff tend to disturb hostel treatment, especially where children have formed close and satisfying relationships with the Assistant, and so feel they have lost a personal friend and confidante. The hostel is fortunate in having a most experienced relief assistant in Mrs. Baker, (formerly resident assistant at Bodicote Lawn, and now retired). She is known to many of the children, and her kind motherly influence at times of staff changeover helps to smooth over a disrupting period.

The children's out-of-school activities vary with the season, but whatever the media, the therapeutic aspect of play is kept constantly in mind by the staff, who take every opportunity to establish the close relationships with the children so necessary in successful hostel treatment.

The playroom, now adequately furnished with dolls' house, shop, rocking horse and other large and small toys, provides a popular rendezvous for the children as soon as they return from school. In summer the garden, care of the pets, swimming, cycling or exploring, take precedence over the handwork, scrapbooks, knitting, finger-painting, dressing up, and football, popular in winter months. Outside the hostel, several of the girls attend dancing class; some are members of the Brownies, and the boys are encouraged to join the local Cub pack. Through the interest of local councillors and other hostel friends, the children are invited out to tea, two or three at a time; at Christmas invitations are received to parties, and a return party is given at Bodicote Lawn to which the children may invite their friends. All the children's birthdays are celebrated throughout the year.

Open days are held at the hostel once a term to enable parents and guardians to visit the children, and to discuss problems and progress with the hostel and clinic staff.

It has become the custom for students in various fields of sociology, interested in Child Guidance work, to visit Bodicote Lawn to see something of what is being done to help disturbed children. Included among this year's visitors were student social-workers from Burma and India, and an Oxford

University group to whom the Clinical Director gave a talk. Visitors are always welcome at the hostel, for it is hoped thereby to stimulate an ever-widening interest in this valuable prophylactic work.

SUMMARY.

<i>Admissions</i>			
1.1.55—31.12.55	<i>Boys</i>	<i>Girls</i>	
	3	1	Oxfordshire
	1	2	Oxford City
 <i>Discharges</i>			
1.1.55—31.12.55	2		Warwickshire
	1		Oxford City
		1	Dr. Barnardo's Homes
	2	2	Oxfordshire

D. MEDLAND,
Social Welfare Officer.

SECTION 5

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

The following numbers of infectious diseases in children were notified during 1955, as compared with those for 1954:

	Under 5 years	5-15 years	1955 Total	1954 Total
Scarlet Fever	26	68	94	111
Whooping Cough	105	126	231	417
Poliomyelitis	6	8	14	4
Measles	1319	1676	2995	52
Pneumonia	16	12	28	33
Meningococcal Infection	1	1	2	1
Dysentery	11	12	23	35
Food Poisoning	10	3	13	11
Tuberculosis—Pulmonary	4	2	6	16
Non-Pulmonary	4	6	10	6

There were increases in the number of cases of measles in 1955, the biennial periodical increase constituting an epidemic. The cases were in general mild and complications were not reported to be serious.

There were more cases of Poliomyelitis, and of the 8 cases of Poliomyelitis reported in school children, all were paralytic in type.

There were decreases in the numbers of cases of Scarlet Fever and Whooping Cough the latter by almost half of the 1954 total, the usual biennial periodicity alternating with that of measles.

Notification of Pulmonary Tuberculosis shows a further decrease of more than half the previous year's total, but there was a slight increase in the number of non-pulmonary cases.

There were no cases of Diphtheria during the year.

Tuberculosis

6 Pulmonary and 10 Non-Pulmonary cases of Tuberculosis were reported in children. Elimination of this disease in school children is of course one of the objects of the School Health Service, and this is pursued and will be achieved by the following means:

(1) Elimination of sources of infection

Adults whose employment takes them into daily contact with groups of susceptible young children are in a position where infection of numerous contacts is a daily possibility. Hence the general desirability of obtaining routine X-Ray examinations for school teachers. While this matter may fairly simply be arranged in a city, the problems of distance and time present difficulties in arranging such a service for County areas. Attention to this problem is now receiving national recognition, and it is to be hoped that a system of regular X-Ray examinations for teachers and other school staff will be possible in the future.

(2) The control of milk supplies to schools

The Ministry of Education has stipulated that pasteurised or tuberculin tested milk shall if available be supplied to schools, giving preference to pasteurised milk.

All schools in the County now obtain designated milk and the County Medical Officer is required to advise on proposed new milk supplies when tenders for the supply of milk are being received by the Education Department. No ungraded raw milk has been supplied to schools for the past three years, 217 schools being supplied with pasteurised milk in 1955, and seven with tuberculin tested milk. When all the milk is pasteurised there will no longer exist the possibility of conveying Tuberculosis by school milk.

(3) B.C.G. Vaccination

1955 saw the introduction of B.C.G. vaccination against tuberculosis of school children in their fourteenth year of age. B.C.G. (Bacille Calmette Guérin) is a living vaccine of attenuated bovine tubercle bacilli. When introduced into the body it can confer a substantial degree of immunity to subsequent tubercular infection. It is offered to those who have not acquired a natural immunity from previous exposure to the germs of tuberculosis.

The presence or absence of immunity is determined and assessed by a tuberculin test. A positive reaction indicates the existence of immunity ; a negative reaction indicates the absence of immunity and the desirability of having a B.C.G. vaccination. In this county the Heaf Test is employed and has been found to be completely satisfactory. It consists of the multiple puncture injection of Purified Protein Derivative and has various advantages over the needle and syringe tuberculin tests. It is

a “ one-shot ” technique which is painless, instantaneous and reliable. It possesses the additional advantage that it can be safely used by School Nurses.

When written parental consent has been received the School Nurse performs the initial Heaf Test. Three days later a suitably trained medical officer interprets the result and administers B.C.G. vaccine in appropriate cases. Six weeks later the Heaf Test is repeated to ascertain if the vaccination has been successful : in the rare instances where it has been unsuccessful the vaccination is repeated.

All local health authorities within the area served by the Oxford Regional Hospital Board are co-operating and collaborating in the compilation of statistical data. This information is analysed by the Board’s statistical staff and it is confidently anticipated that valuable research findings will be published as a result.

The following table is a summary of B.C.G. Vaccination in 1955 :—

No. of Schools in Scheme	No. of Children tested	Tuberculin positive	Tuberculin negative	Number vaccinated	No. of positive conversion tests.
44	1428	22.4 %	77.57 %	1105	1093

Over 80% of parents circulated agreed to the vaccinations.
1428 children were tested.

1093 being vaccinated successfully out of 1105 available for vaccination.

All children with positive Tuberculin reactions were offered X-Rays and almost all accepted them.

Several children were referred to their own doctors after these investigations, but no new cases of Tuberculosis were notified. There was considerable variation in the positivity (tuberculin) rate in the County schools and the schools with high positivity rates are to be included in Mass Miniature Radiography surveys in 1956, when the unit will be in their areas.

(4) *Mass Radiography*

Radiographic survey of contact groups of school children continued in 1955. Heaf tuberculin testing to reduce the numbers requiring X-Ray was again found useful in reducing transport problems.

The following table sets out the main details of the surveys carried out in 1955:

Index case	Age Group tested	No. Tuberculin positive	No. Tuberculin negative	Percentage positive	Results of X-Rays	No. given B.C.G. Vac.	No. of cases notified
School teacher (m)	5/11 yrs.	15	78	16.13	Satisfactory	Nil	Nil
Hut-holder on camp (m)	5/8 yrs.	4	33	10.81	Satisfactory	33	Nil
Canteen Worker (f)	5/11 yrs.	4	37	9.76	Satisfactory	Nil	Nil

Diphtheria

There were no cases in 1955. The level of Immunisation against Diphtheria continues to be better in the school child than in the pre-school child, vide histogram in the Infectious Diseases Section.

Poliomyelitis

The details of the 8 school cases are given in the table in the Infectious Diseases Section of the report.

SECTION 6

HYGIENE AND SANITATION IN SCHOOLS

Many of the rural schools depend upon shallow wells for their water supply. A number of such supplies are bacteriologically unsatisfactory, resulting in instructions to boil before use. Simple chlorination of such small supplies presents technical difficulties which prevent its adoption, while the more elaborate chlorination plants prove too expensive. Filtration through special filters is however being investigated as a possible cheap and satisfactory measure, and a pilot plant is likely to be installed next year.

Main water is the solution to the problem of modernising sanitary conditions at village schools, and the Rural District Councils have been engaged in the matter of suitable schemes for some time. Unfortunately such major works are expensive and along with the financial difficulties of the country, have prevented main water schemes from proceeding, and at present it appears that many years will elapse before piped water supplies are generally available. With the absence of main water, water carriage system of sewerage and sewage disposal are impracticable, and therefore many of the rural schools will have to depend upon bucket closets for years ahead. During the year measures have however been taken by the introduction of special deodorising solutions to make the use and emptying of bucket closets less unpleasant.

Where however main water is not available but an adequate supply can be obtained from another source, every endeavour is being made to modernise school sanitary blocks including the installation of wash basins. Adequate toilet facilities are again a problem in schools without piped water as the carrying of cans of water and the limited use of portable hand basins and their emptying is not conducive to the teaching of personal hygiene, the latter becoming more important with the eating of lunches at schools.

SECTION 7

NUTRITION

Nutrition

Until January 1956 the Ministry of Education required Examining School Medical Officers to classify all school children in categories (a), (b) or (c), with reference to whether their general condition was above, of average or of below average standard.

Instructions issued during 1955 however will make it necessary to grade children only to grades (a) or (b)—that is satisfactory or unsatisfactory, which arrangement would appear to be an advantage.

CLASSIFICATION OF THE NUTRITION OF CHILDREN INSPECTED 1947-55

Year	No. of Children Inspected	A. Good %	B. Fair %	C. Poor %
1947	5564	67.6	29	3.3
1948	6209	70.9	25.8	3.3
1949	6479	70	27.2	2.8
1950	6313	69	28.4	2.7
1951	6190	66.9	30.5	2.6
1952	6599	65.3	32.2	2.5
1953	7281	68.2	29.2	2.6
1954	7338	69.5	28	2.5
1955	7516	69.7	27.6	2.6

There was no significant change in the numbers of children allocated to Group C during 1955.

School Milk

The County Council requires that when available all school milk should be pasteurised or tuberculin tested. The number of schools supplied with pasteurised milk is now 217 and with tuberculin tested milk 7. For the past three years raw ungraded milk has been eliminated, and the position will soon be attained where all County schools are supplied with pasteurised milk.

The County Medical Officer is required to advise on proposed new milk supplies when tenders for

the supply of milk are being received by the Education Department. The number of children par-taking in the school milk scheme on one day in October was as follows:

Receiving 1/3 pint:
17,674 children, including those in Maintained Primary and Secondary Schools, and Special and Nursery Schools, together with
73 boarders.

17,747 .. Representing 81.17 per cent of the children who receive milk.

79 children were having milk at home on account of illness.

School Meals

The following table sets out details of the canteens and the number of schools or departments served by the School Meals Organization:

	Feb. 1955	June 1955	Oct. 1955
No. of canteens	192	193	192
No. of Schools or depart-ments served	208	209	207

The percentage of children having school dinners in October 1955 was 57.3.

SECTION 8
SCHOOL DENTAL SERVICE

The staffing situation has not improved this year, one vacancy remaining in the authorised establishment of five full time dentists. Dr. Lusztig exchanged his area from Banbury to the Thame district and Mr. Griffith-Williams was appointed in his place. However, Mr. Jones resigned in September from the Chipping Norton area and until the vacancy is filled he is at present working on a sessional basis, holding two weekly sessions at the Chipping Norton Clinic.

The number of children attending the schools is still increasing and this has been a source of difficulty in obtaining suitable accommodation in the primary schools. The new secondary schools, fortunately, have a medical room with a plentiful supply of hot water where treatment can be done under fairly reasonable conditions.

Inspections this year have shown a rapid deterioration of the teeth in the five year old school entrants. The percentage of sound mouths in this group was 32 % in 1948 : in 1955 it was only 11 %.

Another disquieting factor is that in the six and seven year groups where the temporary dentition is perfect or nearly perfect, the first permanent molars are frequently seen in an unsaveable condition. Although the dentitions of all school children, during the past few years have shown a steady increase in caries one rarely comes across a child who does not own a toothbrush.

Parents are becoming to take a more intelligent interest in preserving the teeth but unfortunately they allow too much leniency in the purchasing of sweets. It is not unusual to see children eating sweets during the morning break, dinner time and in the afternoon break. However it is quite understandable when one considers how the mothers grew up during the war and were themselves deprived of sweets, they feel a reaction against restrictions and consequently over indulge their children.

Inspections, as usual, are conducted on the school premises with as little disturbance to the normal school routine as possible. Treatment is given after consent has been obtained. Parents seldom attend for treatment although on the new consent form they are asked to state whether they do or do not wish to be present.

If any orthodontic treatment is recommended then usually the parents are asked to attend so that the treatment can be explained and co-operation is obtained before commencing. Unfortunately the number of orthodontic cases has to be limited to those which do not require prolonged treatment. When a full staff has been established more cases will be undertaken.

Treatment, except when the schools are near the fixed clinics, is given on the school premises or in a suitable room hired for the purpose. Extractions are mostly done under a local anaesthetic

because there are no facilities for general anaesthetics except at the fixed clinics. For general anaesthetics three rooms are necessary—surgery, waiting and recovery room.

The attendances for the Saturday morning clinics at Banbury and Henley-on-Thames have been very disappointing, in spite of the fact that the schools were informed that the clinics would be open for routine and casual cases.

A few children were referred to the X-ray department of the local hospitals.

The Health Visitors are asked occasionally by mothers in the rural areas if treatment can be obtained for pre-school children. All the Health Visitors are notified weekly where the school dentist will be operating, and appointments for inspection and treatment are quickly arranged.

In conclusion I would like to thank the Health Visitors and the teachers for their help and co-operation.

W. J. COOK, L.D.S., R.C.S.

Extracts from Dental Officers Reports—1955.

W. P. JONES, L.D.S. (who resigned 30.9.1955)

“ One rather interesting point has shown itself since I gave up the schools. I have had only a very small increase in the number of local children attending my private surgery. This does show the parents do not trouble to have their children’s teeth attended to, even though the dentist lives in the village and proves that the National Health Service is no substitute for the School Dental Service.”

J. M. LUSZTIG, M.D., L.D.S.

“ In two schools the acceptances are very low, in the majority average acceptance.

I think the Thame Clinic could be built up to a permanent clinic if co-operation were given by all concerned. All schools have been notified that every Saturday morning the dentist is at the Thame Clinic if needed. To popularise the Thame Clinic, I intend to treat the children of the schools in Thame at the Clinic on Fridays and Saturdays.”

Mrs. L. STOLAROW, D.A.S.

“ Work in my present district differs from the previous one in several ways.

Firstly, there has been a regular school dental service for some time, and therefore the number of cases requiring treatment is, on the whole, smaller. The introduction of free treatment for children at private surgeries has had the same effect.

Secondly, although the number of patients is smaller, both reasons mentioned above have resulted in a reduction of average patients leaving the more difficult ones to the school dentist. The comparatively smaller number of patients has enabled me to devote attention to difficult children which could not have been dealt with in my former district owing to the pressure of work.

Saturday and holiday work has not been a success. Last term I kept the clinic open every Saturday but no expectant mothers or any emergency case ever appeared. Several appointments were made for Saturdays but they were not kept; such appointments are not popular with the children and are made only under pressure. For two days of the Christmas holidays I made 20 appointments but on one day only 3 patients appeared and on the second day—one.

PART VI

CARE AND AFTER-CARE AND DOMESTIC HELP

Care and After-Care

If hospitals have patients who would benefit from after-care on discharge they send their requirements to the Health Department. Health Visitors visit patients in their homes and give such advice as they may require on general social problems. If nursing attention is required, District Nurses provide it.

The British Red Cross Society and the St. John Ambulance Brigade have medical loan depots in various parts of the County. Some articles are provided free of charge, while for others a small charge is made for their hire. In the event of anything being required which cannot be provided as above, provision is made directly through the Health Department, e.g. air beds and rings, mattresses, bed rests, rubber bed-pans, etc.

Provision of Nursing Equipment for Paraplegics

The provision of nursing equipment for paraplegics discharged from hospital continues to be the appeal from hospitals dealing with this class of patient. These patients have often had many months, often years, of highly specialized medical treatment before they can be resettled in the community and it was the experience of paraplegic centres that a faulty mattress or lack of the necessary equipment might in a few hours precipitate a bed sore or urinary infection which would undo all the laborious and protracted treatment.

It was also suggested that the return to life of these men and women was dependent on the Housing Authority making available to them a dwelling with sanitation, etc. on the ground floor; and, indeed, lack of such facilities might prevent discharge from hospital.

Three patients received help during the year; one patient, after a long period of treatment, was sufficiently trained in the hospital with regard to his own care and the prevention of bed sores, that he was discharged home, although this necessitated the provision of 26 pillows which he had been taught carefully to arrange.

Apart from the hoists and chairs for the paraplegics, rubber commodes, rubber mattresses, bed rests, etc. were also provided.

The local Housing Authorities have also been very co-operative in meeting housing difficulties.

Home Nursing

The approved establishment authorizes the employment of 58 District Nurse/Midwives. At the end of the year there were 55 employed.

The following table sets out the details of the work done by the Home Nurses in 1955:

NO. OF NEW CASES ATTENDED						TOTAL NO. OF VISITS PAID TO ALL CASES					
Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others	Medical	Surgical	Infectious Diseases	Tuberculosis	Maternal Complications	Others
3,409	1,660	41	154	121	1,094	69,514	25,426	142	11,462	1,001	7,345

There is direct liaison between doctors and home nurses everywhere in the County. Hospitals also are in direct liaison with the nurses who accept cases from them.

During the year, the Chipping Norton Rural District Council approved the building of a bungalow and garage for the District Nurse at Finstock.

Like Health Visitors, District Nurses are devoting more of their time to old persons. Of 6,479 cases dealt with in 1955, 1,849 were at least 65 years of age.

Domestic Help

The service is administered from the Health Department under the day-to-day control of the Superintendent Nursing Officer. Personnel are employed as required and are ‘found’ by the local Health Visitors, who are in the best position to know who are the most suitable persons for this work. It also affords the Health Visitor a further opportunity of knowing and understanding the home circumstances of the families in her area. There are no training facilities for home helps.

On December 31st, 1955, there were 257 cases receiving home help. The total number of cases provided with home help in 1955 was as follows:

Maternity	63
Tuberculosis	14
Chronic sick, aged and infirm	490
Others	98

Occupational Therapy

In January of 1955, when Miss Gardiner took up her appointment as assistant, there was a waiting list of 42 patients. They were visited within four or five weeks and the county divided into two areas. The number of regular visits to patients has risen steadily through the year, and in the December quarter 108 people were treated, the ratio of tuberculous to non-tuberculous being 2:1.

The system of accounting was revised slightly and a new imprest scheme brought in to allow work completed by patients and returned for sale in the Helping Hand Shop to be paid for at cost price at the time of return. After some initial difficulties, this scheme has worked very well and has helped to avoid large outstanding accounts which tended to occur where patients had no local market for their work.

The annual craft competition was very successful, the best entries forming part of the exhibition taken to the NAPT Commonwealth Conference at the Royal Festival Hall. The County part of this exhibition was repeated for the September Health Committee meeting.

As more physically disabled people were referred, there was a need for equipment specially adapted and this was met by several T.B. patients at the rehabilitation stage. The organizer for the National Gardens Scheme in Buckinghamshire again gave us the posters for her area, providing work for four patients for about two months.

In September the Welfare Committee created the appointment for an occupational therapist to work with patients on their Disabled Persons Register. This post had not been filled at the year end, but arrangements had been made for the work to be integrated with the existing scheme in the Health Department under the County Medical Officer.

Number of patients visited over the year:

Tuberculous	122
Non-Tuberculous	53
	<hr/>
	175
	<hr/>
No. on waiting list	Nil
Total number of visits made	1,706

B. H. ROSTANCE.

Almoner’s Report for 1955—Chest Clinic, Churchill Hospital

The work of the Almoner’s Department in 1955 has been as varied as ever; the difficulties which arise for patients new to the battle with tuberculosis vary widely according to the previous standards and the differing personalities of the patient concerned. Financial hardship strikes hardest where the patient is the wage earner with a young family, but to single patients who have elderly relatives to care for it can also bring an intensely worrying situation.

The help that the Care Committee enables us to offer can very often lift a patient’s morale and inspire confidence out of all proportion to the amount given. The fact that help is available and sympathetically given does often make a patient feel far less desolate in undertaking treatment which he or she knows must be lengthy.

For those chronic patients and their families who have had to battle over many years with their disability, an occasional summer holiday does make a great difference. For these same patients rising costs of fuel would, unaided, make the winter hard to face.

A number of patients have been able to have convalescence, including a husband and wife who were able to go together.

Children going to Denmark have again needed assistance with clothes.

The Almoners have worked closely with the Disablement Resettlement Officers of the Ministry of Labour concerning rehabilitation and retraining for chest clinic patients. Those patients who have the continued interest of their employers throughout the illness and a certainty of re-employment in their old firms avoid much uncertainty and anxiety.

The Health Visitors are indefatigable in bringing forward the problems of the home bound patients, and the almoners have worked closely with both Health Visitors and the mobile Occupational Therapists in trying to find acceptable solutions to some of the difficulties.

It is with gratitude that we look to our Care Committee for understanding assistance, and financial support in the year to come, as in the past years.

DOROTHY HICKS.

Peppard Chest Hospital Home Care Scheme

The Physician Superintendent of Peppard Chest Hospital has kindly supplied the following report on the work of his Home Unit.

Waiting lists for admission to chest hospitals were practically abolished during 1955 and the demand for home treatment of tuberculosis became less as a result.

By the end of the year, requests for home care were very few and the scheme seemed likely to become uneconomical.

Patients still requiring hospital care were admitted. The remainder had improved sufficiently to transfer to chest clinic supervision. The special staff and transport were diverted to other work and the arrangement terminated.

The scheme had operated for five years and, at the peak of bed demand, had proved a useful supplement to limited hospital facilities.

16 patients were on home care on the 1st January, 1955.

8 new patients were taken into the scheme during the year.

20, as they became ambulant, were discharged to chest clinic supervision.

4 were admitted to hospital.

There were no deaths.

3,734 days of home care were equivalent to

10.23 hospital beds throughout the year.

HARLEY STEVENS, M.R.C.P., D.P.H.

Oxfordshire Association for the Prevention of Tuberculosis—Work of the Care Committee

The Care Committee report on their work during the year, which generally consists of supplying and lending beds and bedding to enable a patient to sleep alone, providing nursing requisites and sputum flasks, helping the family to find better housing accommodation, making arrangements for boarding out with relatives, or otherwise, children of infected parents, provision of extra nourishment and clothing, etc., and assisting patients and dependents to obtain financial support to which they are statutorily entitled, or obtaining this through voluntary organizations.

Under Section 28 of the National Health Service Act, 1946 (prevention of illness, care and after-care) the Oxfordshire Care Committee continue to act as agents of the Council. Not only do the Committee deal with the need for those articles, the cost of which can be refunded by the Local Authority, but probably the greatest value of their work is the ability to spend their own voluntary funds on assistance of a nature not permitted from public funds. The following, for example, are some of the more unusual cases: £100 spent on the fares of relatives visiting patients in a sanatorium, payment of debts to relieve worry, the provision of an Eire newspaper to a lonely Irish patient. Frequently grants are made to patients to start small businesses of their own. Suitable clothing was provided to enable children to go to Denmark to receive treatment at the Children's Sanatorium at Vordingborg.

Supervision of Maternity and Nursing Homes

Under the Public Health Act, 1936, the County Council is responsible for the supervision of Maternity Homes and Nursing Homes but, since the 1946 National Health Service Act, this includes only the Private Maternity and Nursing Homes.

The following table sets out the details of the Nursing and Maternity Homes so registered up to 1955:

	No. of Homes	No. of Beds Provided		
		Maternity	Other	Total
Homes first registered during the year	Nil	—	—	—
Homes on the Register at the end of the year...	6	5	50	55

Convalescence

Financial responsibility for convalescence is assumed by the Health Committee in the following types of cases:

Those due to be discharged from hospital but who, on account of adverse home circumstances, are not quite fit to resume normal domestic duties;

Those who suffer and become weakened through difficult home circumstances, e.g. the care of a very large family and particularly elderly patients;

Those suffering from some chronic condition, who benefit greatly from an occasional stay at a Convalescent Home, thus often preventing further deterioration in their health.

Forty-six persons (15 males, 31 females) were sent for convalescence, representing 146 weeks. The conditions for which convalescence was required were:

	Male	Female
Chronic Fatigue	—	1
Cardiac	1	3
Malnutrition	4	2
Mental	—	6
Thrombosis	2	—
Post-operative	1	3
Arthritis, Neuritis	1	2
Nervous Debility	—	6
Disseminated Sclerosis	1	—
Bronchitis	3	1
Nursing	2	2
Others	—	5
	—	—
	15	31
	—	—

Medical Examinations

The following is a table of medical examinations carried out by the staff of the Health Department:

	Number examined	Number X-rayed
1 Factory Acts	1	—
2 Superannuation	42	8
3 Ministry of Education prior to teaching (Form 28RQ)	22	22
4 Ministry of Education prior to entering Training College (Form 4RTC)	46	9
TOTALS ...	111	39

Welfare Services

The Welfare Department is completely independent of the Health Department. Friendly liaison, co-operation and mutual consultation exist between the Departments.

Mr. R. T. Barre, Chief Welfare Officer, has kindly contributed the following information:

BLINDNESS

During the year ended 31st December, 1955, 69 completed Forms B.D.8 were received, and 54 persons were admitted to the Blind Register and 15 to the Register of Partially Sighted Persons.

No cases of blindness due to Retrolental Fibroplasia were reported.

All except 7 persons recommended for treatment were dealt with during the year and received treatment as recommended.

A. Follow-up of Registered Blind and Partially Sighted Persons

(i) Number of cases registered during the year in respect of which Forms B.D.8 recommend:	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	5	2	—	22
(b) Treatment (medical, surgical or optical) ...	16	9	—	15
(ii) Number of cases at (i) (b) above which on follow-up action have received treatment	9	9	—	15

B. Ophthalmia neonatorum

(i) Total number of cases notified during the year	Nil
(ii) Number of cases in which: (a) Vision lost (b) Vision impaired (c) Treatment continuing at end of year	Nil

During the year ended 31st December, 1955, the names of three persons were removed from the Register of Blind Persons in the County of Oxford, two due to improved vision and the other due to successful cataract operation. Seven persons who were previously on the Partially Sighted Register were re-examined during the year and placed on the Register of Blind Persons.

Cases certified blind and placed on the Register of Blind Persons for the County of Oxford during 1955

<i>Cause of Blindness</i>	<i>Age Group</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Diabetic Retinopathy	50-59	—	1	1
	60-64	—	1	1
	65-69	1	—	1
	70 plus	2	—	2
Systemic Poisoning	16-20	—	1	1
Tobacco Amblyopia	70 plus	1	—	1
Optic Atrophy	70 plus	—	1	1
Nystagmus	70 plus	—	1	1
Buphthalmos	21-30	1	—	1
Hypertensive Choroido-retinopathy	70 plus	1	—	1
Chronic Uveitis and Neratitis	60-64	1	—	1
Facial Paralysis and Lens Opacities	60-64	1	—	1
Myopia	16-20	—	1	1
	65-69	—	1	1
	70 plus	—	1	1
Temporal Arteritis	70 plus	1	—	1
Senile Macular Degeneration	65-69	—	1	1
	70 plus	—	1	1
Central Senile Choroido Degeneration	65-69	1	—	1
	70 plus	3	6	9
Primary Glaucoma	65-69	1	—	1
	70 plus	2	4	6
Primary Cataract	50-59	1	—	1
	60-64	1	2	3
	70 plus	4	10	14
		22	32	54

The degenerative conditions associated with increasing age account for the greatest proportion of new cases registered as blind during 1955.
The total number of cases on the Blind Register for the County of Oxford at 31st December, 1955, were:

<i>Male</i>	<i>Female</i>	<i>Total</i>
178	193	371

Epilepsy

During 1955 there were 10 persons in the care of the Welfare Committee in Epileptic Colonies.

Handicapped Persons

The number of registered handicapped persons (deaf) was 84.
The number of registered handicapped persons (general classes) was 74.

PART VII
AMBULANCE SERVICE

Administration

There is one Ambulance Controller who acts in this capacity for both the Oxford County Borough Council and the Oxford County Council. The St. John Ambulance Brigade is the agent for both of these Authorities.

Full-time Stations

LOCATION	PERSONNEL
Banbury	8
Bicester	2
Henley	2
Thame	1
Witney	4
Woodstock	2
Chipping Norton	Agency service by Garage equivalent to 2

Part-time Volunteer Stations

LOCATION	PERSONNEL
Bartons	2
Charlbury	2
Kidlington	6
Wychwoods	1

Vehicles

There are 18 ambulances of which 16 are front line service vehicles, and two are reserves. The two oldest vehicles are being replaced in 1956. All the ambulances are post-war vehicles.

Personnel

There are 19 drivers, one female clerk/telephonist, and the administrative costs of the following Headquarters (Ambulance Control) personnel are shared equally by the County and County Borough Councils:

Controller
Deputy
2 Clerks/Admin./Control Officers
4 Control Officers

Radio Control

The installation of radio control in the ambulance vehicles was commenced in November 1955. Experience in other ambulance services has shown that radio control effects an improvement in efficiency and frequently shows a financial saving in operational costs. After trials, it was decided that there should be three main transmitting stations situated at Oxford, Great Tew and Christmas Common. The transmitter at Oxford is operated from the Headquarters' Control Room at the Churchill Hospital; the transmitter at Great Tew is operated from the Banbury Control Centre, and the transmitter at Christmas Common is operated by the Control Room at Henley Police Station. This latter arrangement is possible by the kind co-operation of the County Police who have agreed to operate the control set on behalf of the County Ambulance Service. Complete radio cover of the County is obtained by the use of these three transmitters—contact between the Banbury Control and the Henley Control

with the Headquarters’ Control in Oxford is obtained by means of G.P.O. land lines, but in the event of land line failure, it is possible for these centres to contact each other directly by radio.

Fourteen vehicles have the complete radio installation, and two spare vehicles have the wiring arrangements only installed, so that it will be possible to transfer one reserve set into either of these two spare vehicles when this is required for front line service. At the time of printing this report the ambulance service was fully radio controlled.

When radio control has been fully operational for some time, it will be possible to ascertain the saving that is likely to accrue from its use—at the time of writing the overall improvement in efficiency as regards mobility and availability of ambulance vehicles has already been noted by the Ambulance Department.

Patients carried and Mileage involved

In 1955 the Ambulance Service carried more patients than it has done in any previous year. The total mileage traversed by the ambulance vehicles however was lower than it has been since 1953, which would appear to indicate that better use is being made of individual ambulance vehicles, and further improvement in this direction is anticipated with fully operational radio control.

The following tables show the number of patients carried and mileage traversed by the ambulances from various ambulance stations, and the variation in these figures from quarter to quarter:

	1946		1955	
	Patients	Mileage	Patients	Mileage
Banbury	1,300	19,400	3,920	39,480
Barton	45	2,230	94	2,504
Bicester	200	6,000	744	16,236
Charlbury	60	2,000	32	846
Chipping Norton	220	7,300	455	10,673
Henley	238	4,700	2,404	36,762
Kidlington	120	2,000	225	4,181
Thame	230	6,250	998	19,243
Watlington	190	5,400	Station abandoned	
Witney	290	9,650	1,452	29,731
Woodstock	90	1,700	1,331	16,219
Wychwoods	Commenced 1947		181	5,890
1955 Total			11,836	181,765
1954 Total			11,327	182,652

Quarter	Agency Service				Totals		Directly provided service—I.D. Am- bulance, Banbury		Transport by Rail
	Emergency		Non-emergency						
	Journeys	Miles	Journeys	Miles	Journeys	Miles	Journeys	Miles	Cases
January to March	526	14,930	1,129	31,892	1,655	46,822	89	1,445	7
April to June	513	13,522	1,303	33,223	1,816	46,745	101	1,329	3
July to September	579	15,488	911	28,352	1,490	43,840	89	1,274	11
October to December	521	14,199	1,112	30,159	1,633	44,358	101	931	9
Total	2,139	58,139	4,455	123,626	6,594	181,765	380	4,979	30

Hospital Car Service

The W.V.S. provide a Hospital Car Service for sitting cases on a 48-hour basis and this is supplemented by hired taxi service when short notice only is possible.

The following table shows the mileage incurred by hospital cars and by hired cars during 1955. These figures constitute a further slight increase in mileage over the figures for 1954.

Quarter	Mileage	
	Hospital Car Service	Hired Car Service
January to March	96,420	7,781
April to June	99,265	8,771
July to September	103,122	8,723
October to December	110,575	6,921
1955 Total	409,382	32,196
1954 Total	408,537	30,206

Plan for dealing with Major Disasters

I am indebted to the Ambulance Controller, Mr. C. R. Lawrence, for the following outline of a plan for dealing with major disasters in Oxfordshire.

The duties of the ambulance service in any major disaster are threefold: the first and most important being to transport casualties from the scene to hospital; secondly, to evacuate patients from the receiving hospital in order to make available the necessary accommodation for the casualties; and thirdly, to provide transport for patients not sufficiently seriously injured to warrant hospitalization, but unable to travel by means of public transport.

The initial stage of operation will depend upon the call being received by ambulance control or by a local station. On receipt of the call by ambulance control the duty officer would notify immediately the nearest County Ambulance Station. If the call is received locally all available resources would be despatched to the scene immediately together with the major disaster equipment. (Each main station has been provided with a large container of first aid dressings and blankets for use at major disasters.) The Officer in charge will then notify ambulance control of the call and the numbers of vehicles despatched. At the smaller stations where only one ambulance is kept the driver will inform control of his action by radio.

From this point onwards ambulance control will be in sole charge of operations and the duty officer in the Control room has the following duties to perform:

He will inform, immediately, either the Ambulance Controller or the Deputy Ambulance Controller who will proceed to the scene with the ‘Reporter Radio’ in order that he may take over control on the spot.

He will despatch immediately all available ambulances from the areas nearest the scene, these stations will also send major disaster equipment.

If the initial call was not received from the police the duty officer would inform County or City Headquarters of the Police Force, whichever was applicable. He would warn neighbouring Ambulance Authorities that mutual aid may be required.

He would notify the nearest main hospitals of the disaster, in the North of the County it would be the Horton General Hospital and in the South the Royal Berkshire and Battle Hospitals, and also notify the Radcliffe Infirmary that the Surgical Team may be required.

He would also make contact with the City/County Fire Headquarters to make sure they have been informed and have despatched fire fighting equipment and heavy lifting equipment; he would also ask for floodlighting equipment to stand by for the approaching evening or despatch same during the hours of darkness.

He would also inform the City/County Medical Officer or his Deputy, arrange for the evacuation of Hospitals if necessary, contact the Eldorado Ice Cream Factory for ice if required and carry out further instructions passed from the scene by radio from the Ambulance Controller or his Deputy.

The Ambulance Controller or his Deputy will, on arrival, assess what further vehicles, material and personnel are required and set up his radio station at the most suitable spot. If necessary he will instruct his duty officer to call for mutual aid from the nearest neighbouring ambulance authorities and to call for the mobile surgical team if required.

If additional first aid personnel are required he would instruct the Duty Officer to put into operation the request for assistance from the Local Divisions of the St. John Ambulance Brigade in Oxfordshire.

He will, in consultation with the Senior Police Officer present select an ambulance parking point and also a loading point, bearing in mind the position of the mobile surgical team. He will keep his duty officer informed as to the number of casualties transported and also receive information as to the bed state of the Hospitals.

He will instruct his duty officer to arrange for relief personnel should the duration of operations be such as to warrant same which will be carried out in accordance with procedure laid down in the Control Room. He will at all time work in co-operation with the other services present at the disaster.

The above scheme was put into operation at the Milton train disaster on November 20th, 1955, and worked smoothly and most satisfactorily.

PART VIII
MENTAL HEALTH

Administration

The Mental Health Sub-Committee of the Health Committee meets quarterly and consists of 7 members.

The County Medical Officer supervises the administration of the mental health services with the following staff:

- 1 Male Mental Welfare Officer and Duly Authorized Officer.
- 1 Female Mental Welfare Officer.
- 4 Part-time Duly Authorized Officers.
- 2 Home Teachers (Female) for mentally defective children.

The 4 part-time Duly Authorized Officers are strategically placed throughout the County for dealing with emergencies.

There is close and friendly contact with the administrative and clinical officers of the Regional Hospital Board and individual hospitals. The County Medical Officer is a member of the Littlemore Management Committee.

The Mental Welfare Officers supervise patients who are on licence from institutions or on trial from mental hospitals whenever requested by the Superintendents. They also exercise supervision over discharged patients from mental hospitals at the request of psychiatrists.

No duties are delegated to Voluntary Agencies but the County Council makes an annual grant to the National Association for Mental Health.

Lunacy and Mental Treatment Act, 1930

A total of 293 patients were admitted to mental hospitals in 1955. This represents a rate per 1,000 of 1.53 which compares with the rate per 1,000 of 1.62 for England and Wales in 1954.

These cases were dealt with as follows:

Certified	...	...	...	...	...	...	...	...	...	39
Voluntary treatment	...	...	...	...	...	...	...	...	...	243
Temporary	...	...	...	...	...	...	...	...	...	1
Discharged as not in need of treatment	...	...	...	...	...	...	...	...	...	10
										293

Cases under Lunacy Act:

106 of these cases were admitted under the Lunacy Act by the following:

Duly Authorized Officers	...	...	...	...	...	...	...	...	98
Police	...	...	...	...	...	...	...	...	8
									106
Admitted originally as certified									
(11 males, 18 females)			...	...	...	...	...	...	29
Certified subsequent to admission									
(4 males, 6 females)			...	...	...	...	...	...	10
Certified total									39
Subsequently Voluntary patients									57
No treatment required—discharged				...	...	...	...	...	10
Temporary patient		...	...	...	...	...	...	...	1

Cases under Mental Treatment Act:

Admitted as Voluntary Patients	...	186
Cases admitted under Lunacy Act—who subsequently became voluntary	57	
		243
Miscellaneous visits respecting mental cases and Psychiatric After-care cases	...	132

Mental Deficiency Acts, 1913-1938

Incidence of Mental Deficiency in Oxfordshire

The total of known defectives at 31st December, 1955, was 598 which gives a figure of 3.12 cases per thousand of the general population. This compares with the 1954 figure of 3.11 per thousand for England and Wales. The number of mental defectives in Oxfordshire ‘subject to be dealt with’ on 31st December, 1955, was 390 and this gives a rate of 2.04 per thousand for defectives ‘subject to be dealt with’. This compares with the 1954 figure for England and Wales of 2.74 defectives per thousand ‘subject to be dealt with’.

Ascertainment

50 new cases (28 male and 22 female) were ascertained during the year.
The sources of these were as follows:

Local Education Authority	...	...	...	...	19
Health Visitors	...	...	...	...	5
National Assistance Board	...	...	...	...	1
Other Local Health Authorities	...	...	...	...	9
Hospitals	...	...	...	...	3
Doctors	...	...	...	...	3
Relatives	...	...	...	...	2
Institutions	...	...	...	...	4
Moral Welfare Workers	...	...	...	...	—
Children’s Department	...	...	...	...	2
Ministry of Labour			...	...	—
Oxford Regional Hospital Board			...	...	1
Police	...	...	...	...	1

The cases were dealt with as follows:

			Males	Females	Total
Admitted to Certified Institutions	...	...	4	3	7
Placed under Guardianship	...	...	1	—	1
Voluntary Supervision	...	...	19	16	35
Statutory Supervision	...	...	4	3	7
Action unnecessary	...	...	—	—	—
			28	22	50
Awaiting institutional treatment (of above)			6	2	8

The relationship between those receiving community care and institutional care during the past six years is shown as follows:

	Total	In Institutions	In Community
1950	497	179	318
1951	492	185	307
1952	519	210	309
1953	533	216	317
1954	551	221	330
1955	598	268	330

The number of patients awaiting institutional accommodation in each of the last seven years is shown below:

Cases placed on waiting list for Institutional care = ‘A’
and Cases remaining on waiting list at 31.12.55 = ‘B’

Age	1949		1950		1951		1952		1953		1954		1955	
	A	B	A	B	A	B	A	B	A	B	A	B	A	B
Under 5 years	6	—	10	—	4	—	3	—	2	—	2	2	5	3
5-15 years	17	2	3	1	5	—	5	—	8	1	2	2	5	4
15+ years	7	2	8	2	7	1	19	3	13	11	5	2	7	3

The total number of patients still on waiting list for institutional care on 31st December, 1955, was 39.

Institutional Care of Defectives

On 31st December, 1955, there were 225 persons detained under Order in Institutions:

INSTITUTION	Male	Female	Total
Borocourt and all ancillary premises	29	38	67
Botleys Park Hospital, Chertsey	1	—	1
Brentry Colony	3	—	3
Churchill House, Berkshire	1	—	1
Chelmsley Hospital, Birmingham	—	1	1
Etloe House, Leyton	—	1	1
Hortham Colony	1	2	3
Lea Colony, Bromsgrove	1	—	1
Manor House, Aylesbury	7	7	14
Pewsey Hospital and all ancillary premises	50	55	105
Rampton	3	4	7
Rock Hall House, Bath	—	1	1
Royal Albert Hospital, Lancaster	—	1	1
Sandlebridge Homes	—	1	1
Stallington Hall	1	—	1
Stoke Park Colony	1	2	3
St. Francis School, Buntingford	4	—	4
St. Joseph's Home, Sheffield	—	1	1
St. Mary's Home, Alton	—	2	2
St. Raphael's Colony, Barvin Park	2	—	2
Winslow Hospital	1	1	2
Little Plumstead Hall, Nr. Norwich	1	—	1
Coleshill Hospital, Warwick	1	—	1
Tindal General Hospital, Aylesbury	1	—	1
	108	117	225

‘Voluntary Patients’—Cases not under Orders
Smith Hospital, Henley

4	—	4
---	---	---

Patients on licence from Institutions 31st December, 1955

	Male	Female	Total
Borocourt	13	13	26
Leybourne Grange	1	—	1
St. Mary's Home, Alton	—	2	2
Pewsey	3	2	5
St. Francis School, Buntingford	1	—	1
	18	17	35

Approved Homes

There were also 4 patients detained in Approved Homes:

	Male	Female	Total
Mount Tabor	—	1	1
Purley Park	1	—	1
St. Agnes Home, Caversham	2	—	2
	3	1	4

With the continuing shortage of accommodation for mental defectives, temporary relief for parents and relatives of patients is available by virtue of the action which can be taken under Circular 5/52—whereby defectives may be given a temporary stay in hospital for a period up to 8 weeks without certification. Fourteen patients were admitted to temporary care in this way in 1955.

Distribution of Short-term Care Cases under Circular 5/52 in 1955

Institutions	10
Approved Homes	—
Private Care	4

Orders made under the Mental Deficiency Acts

Number of Orders made on Petition under the Mental Deficiency Acts	...	...	11
Of whom (a) admitted to Institutions	4 Male	6 Female	= 10
(b) placed under guardianship	1 Male	... ..	1
Cases admitted to Institutions by parents under Section 3	...	...	8
Number of Varying Orders	... ..	...	4
Number of Orders by Secretary of State under Mental Deficiency Act, 1913, Section 9			—
Number of Orders under Section 8 (1.B) of the Mental Deficiency Act, 1913		...	—
Number of cases referred by the Courts including those under Section 8 (1.A)		...	—
Number of urgent cases admitted temporarily to Places of Safety	...	...	3

Guardianship

One new case was placed under Guardianship in 1955. 31 persons remained under Guardianship from previous years. The onus of Guardianship being distributed as follows:

Relatives	...	...	...	...	15
Employers	...	...	...	...	4
Other Persons	...	...	...	...	13

It is not an easy problem to find persons willing to accept the considerable task of undertaking Guardianship.

Statutory Supervision

Number of patients under Statutory Supervision	90
--	-----	-----	-----	-----	-----	----

Voluntary Supervision

Number of patients under Voluntary Supervision	208
--	-----	-----	-----	-----	-----	-----

Visits paid by Mental Welfare Staff in 1955

										Male	Female
(1) Visits in respect of mentally defective persons:											
(a) Visits leading up to certification, including removals to Institutions										113	61
(b) Visits <i>re</i> Guardianship cases	...	...	...	...	...	...	...			71	70
(c) Visits <i>re</i> statutory supervision cases	...	...	...	...	...	...	...			125	156
(d) Visits <i>re</i> voluntary supervision cases	...	...	...	...	...	...	...			130	210
(e) Visits <i>re</i> cases on licence	...	...	...	...	...	...	...			67	84
(f) Visits <i>re</i> cases for re-certification	...	...	...	...	...	...	...			34	40
(2) Other visits	...	...	...	...	...	...	...	...	...	99	112
										539	733
										Total	1,272

Medical Certificates by Health Department Staff

Medical Certificates in respect of persons who were certified during the year given by medical staff of the Health Department:

Male	5	Female	5
------	---	--------	---

Other medical certificates under the Mental Deficiency Acts given during 1955 by medical staff of the Health Department:

Male	18	Female	13
------	----	--------	----

Occupation Centres

The County Council maintains children at the following Occupation Centres in the numbers shown:

Oxford	...	...	...	...	12
Reading	...	...	...	...	1
Brighton	...	...	...	...	5

Home Teaching of Mentally Defective Children

Banbury, Chipping Norton and Witney Area

Early in 1955 a class for mental defectives was started in the School Clinic, Warwick Road, on Wednesday afternoons as an experiment.

Twelve children, all of whom had previously had home teaching, formed the first group, and responded very well to the more sociable atmosphere when being taught with other children. The

staff were quite impressed by the high standard of behaviour, and the element of competition spurred on the backward ones to greater efforts. It was found to be a great advantage to have more space for exercise and the use of a piano and gramophone.

Arithmetic, writing, spelling, general knowledge and handwork were taught, and P.T., games and singing were introduced. Many children were extremely stiff having lacked exercise all their lives but soon became much more supple if not exactly athletic.

All reports received seemed to confirm that the children enjoyed their weekly class and the parents also appreciated it as a welcome break.

In the Banbury, Witney and Chipping Norton area, 23 children continued to receive home teaching, 2 on Monday mornings, 5 each on Tuesdays, Wednesdays and Thursdays and 6 on Fridays. Steady progress was maintained throughout the year, though some pupils tend to stand still for months at a time, and then suddenly to progress very rapidly. It is important not to lose hope of progress during these static periods, as they seem to serve as times for consolidation, and sometimes quite surprising achievement follows.

J. MULLEN, M.A.O.T.

Ploughley, Henley and Bullingdon Area

In the Ploughley, Henley and Bullingdon area during 1955 23 children received regular home teaching every week. Of these one child made no improvement at all and was discontinued; 3 others left the county. Of the remainder 10 made good progress with reading, writing and arithmetic whilst the other 9 were chiefly given handwork and sense training. The parents co-operated well.

M. V. JAMES, N.D.M.H.

PART IX ENVIRONMENTAL HYGIENE

During the year under review, 507 visits were made in connection with the following:

Consultations with County District Councils, Clerks, Medical Officers, Surveyors, Sanitary Officers, Consulting Engineers and Others	...	...	...	...	...	...	...	86
Consultations—County Fire Headquarters <i>re</i> water supplies	...	...	...	...	...	...	...	4
Attendance at Ministry, Public or Informal Inquiries	...	...	...	...	...	...	...	2
Visits to schools or other institutions <i>re</i> water supplies, sewerage	...	...	...	...	...	...	...	25
Visits to schools or other institutions in connection with milk	...	...	...	...	...	...	...	114
Visits to Police Houses, <i>re</i> water supplies, drainage	...	...	...	...	...	...	...	12
Miscellaneous visits	...	...	...	...	...	...	...	7
No. of Pasteurizing Establishments	...	...	...	...	...	...	...	9
No. of H.T.S.T. plants installed	...	...	...	...	...	...	...	5
No. of holder type plants installed	...	...	...	...	...	...	...	10
No. of inspections, including pre-licence visits to such establishments	...	...	...	...	...	...	...	204
No. of Pasteurized milk samples obtained	...	...	...	...	...	...	...	216
No. of samples of schools and institution milk obtained	...	...	...	...	...	...	...	99
No. of samples of milk submitted for biological examination	...	...	...	...	...	...	...	22
No. of visits to farms, dairies, etc., in connection with biological sampling	...	...	...	...	...	...	...	18
No. of milk bottles submitted for bacteriological examination	...	...	...	...	...	...	...	276
No. of samples of milk bottle washing plant detergents submitted for bacteriological examination	...	...	...	...	...	...	...	54
No. of samples of milk bottle washing plant rinse waters submitted for bacteriological examination	...	...	...	...	...	...	...	39
No. of samples of main/well water supplies used in dairies	...	...	...	...	...	...	...	20
No. of visits to farms <i>re</i> milk pathological conditions	...	...	...	...	...	...	...	1
No. of village surveys in connection with sewerage schemes	...	...	...	...	...	...	...	4
No. of village surveys in connection with water supply schemes	...	...	...	...	...	...	...	11
No. of water samples obtained for bateriological examination	...	...	...	...	...	...	...	27
No. of inspections, water and sewage disposal works, including new works in progress	...	...	...	...	...	...	...	4
No. of visits in connection with Specified Areas	...	...	...	...	...	...	...	3
No. of schools surveyed for sanitary purposes	...	...	...	...	...	...	...	12

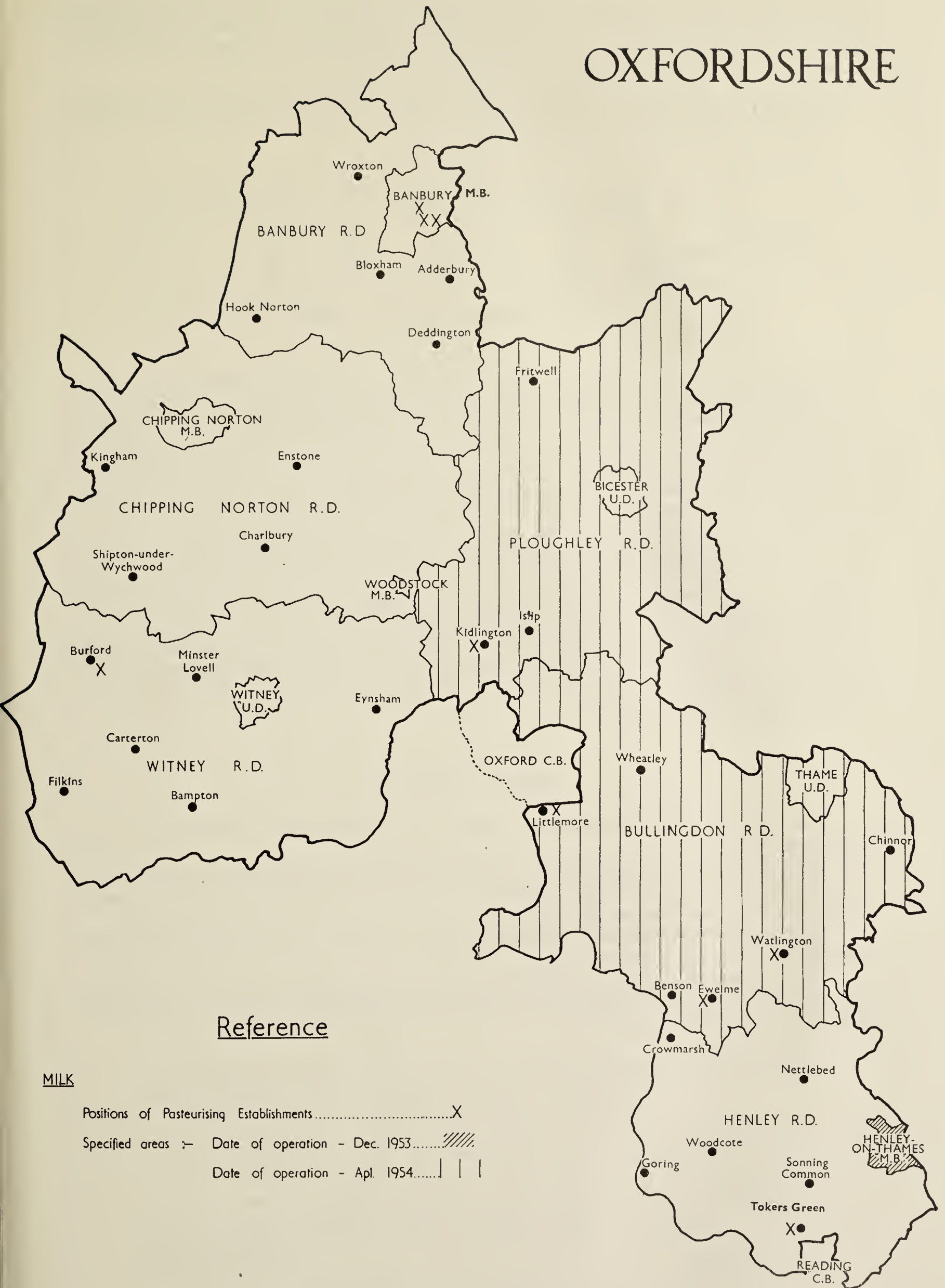
MILK

The accompanying map shows Specified Areas within the County where only designated milk, i.e. Tuberculin Tested, Pasteurized and Sterilized, may be retailed. No extension of areas for 1955 has taken place, although it is anticipated that Henley Rural District will be included some time in 1956. No major difficulties arose during the year in respect of the sale of milk in Specified Areas, although a large dairy bringing milk into the County had to be warned for not disclosing the grade of milk on the bottle or cap.

The map shows the position of the nine pasteurizing establishments which, between them, heat-treat some 18,000 gallons of milk a day, nearly double the quantity dealt with two years ago. Oxford City receives considerable supplies of pasteurized milk from establishments within the County, and sales extend into other counties, particularly in connection with supplies to U.S.A.F. bases. No complaints of unsatisfactory samples have been received from authorities outside Oxfordshire.

One small pasteurizing retailing establishment in Banbury Borough gave up heat-treating milk in preference to the purchase of bottled supplies from one of the larger dairies. Another dairy at Burford, by reason of increased trade, turned over from the lengthy process of batch pasteurizing—where the milk is held in heated vats for at least 30 minutes—to the more rapid high temperature short-time method where the milk continually passes through the plant, being heated and cooled in one compact apparatus. The method also has the advantage of rejecting milk not heated to the prescribed temperature. The plant installed was one of the first of such small units recently introduced to the dairy trade and, apart from some teething trouble with the mechanical device for controlling temperatures, which has now been overcome, it has proved most efficient.

OXFORDSHIRE



During the year, two inquiries were received for pasteurizers' licences. One dairy operating within Oxford City arranged with the County's largest pasteurizer at Kidlington to heat-treat and bottle its milk supply, the County Licence to pasteurize being no longer required. The other application came from a dairy at Goring, where adaptation of premises is in hand.

216 samples of milk were taken from the pasteurizing establishments during the period under review, whilst a further check on such milk occurs through the routine sampling of school milk supplies. The following table gives an analysis of these samples:

	Samples taken	Phosphatase Test		Methylene Blue Test		
		Pass	Fail	Pass	Fail	Void*
Pasteurized	163	161	2	142	—	21
T.T. Milk (Pasteurized)	53	52	1	45	2	6
Totals	216	213	3	187	2	27

* Legally void by reason of the atmospheric temperature at which samples have to be kept exceeded 65°F.

The Phosphatase test demonstrates efficiency of heat treatment, whereas the Methylene blue test is one applied for cleanliness and keeping quality. In cases where milk failed the prescribed tests, the pasteurizing establishments concerned were visited with the object of ascertaining and rectifying the cause. Of the three phosphatase failures, one was attributed to a defective valve allowing seepage of unheated milk, another was due to carelessness on the part of an operator, whilst the third cause of failure remained untraceable. No direct cause could be ascertained for the two methylene blue failures.

During 1955, the investigation of milk bottle cleanliness, commenced in the latter half of the previous year, was maintained, the service being appreciated by the dairymen concerned.

Of the 276 bottles submitted for bacteriological examination, 173 were satisfactory, 5 fairly satisfactory and 25 came under unsatisfactory classification. No report was possible on the remaining 73 bottles, due to bacteriological conditions affecting the laboratory technique. At the moment, there is no legal standard for bottle cleanliness, churns or dairy equipment, although throughout the dairy trade and the Public Health Laboratory Service a technique has been accepted. In addition to the submission of milk bottles, samples of detergents used in mechanical bottle-washing plants, along with rinse waters and main or well waters used in the dairy, are also forwarded to the laboratory, a total of 113 such samples being obtained.

RURAL HOUSING

Under the Rural Housing Survey, totals column, it is interesting to note the maintained decrease in grade 3 and 4 houses.

The accompanying histogram, relating to converted hutments used for temporary housing, shows for 1955 a considerable decrease in the steady decline on previous years; the total of all such housing is, for the first time, lower than the 1947 figure.

The graph for new housing shows a slight decrease in the number of council houses, whilst private building remains almost at the 1954 level.

The appended table analyses the yearly totals since commencement of data. It also shows, for the second year, a slight rise in the number of caravans used for housing; on the other hand, applications for council houses are again lower.

	1946	1947	1948	1949	1950	1951	1952	1953	1954	1955
No. of converted hutments		342	456	608	749	737	726	665	556	310
No. of unconverted hutments		181	192	196	155	121	81	90	28	21
Total		523	648	804	904	858	807	755	584	331
No. of caravans								1,201	1,283	1,336
No. of new council houses	42	193	582	489	343	510	431	577	616	568
No. of new private dwellings	89	111	109	108	82	68	112	356	505	507
Total	131	304	691	597	425	578	543	933	1,121	1,075
No. of applications for council houses					4,978	4,507	4,079	4,048	3,859	3,313

RURAL HOUSING SURVEY
Classification of houses

1. Houses satisfactory in all respects
2. Houses with minor defects
3. Houses requiring repair, structural improvements or alteration
4. Houses unfit for habitation and beyond repair at reasonable cost

Total number of houses inspected up to £20 R.V. excluding post-war Council and private buildings

Banbury			Bullington			Chipping Norton			Henley			Ploughley			Witney			Totals		
*1951	1954	1955	*1953	1954	1955	*1947	1954	1955	*1950	1954	1955	*1949	1954	1955	*1953	1954	1955	*	1954	1955
609	609	782	3,651	3,708	3,260	762	930	956	1,349	1,458	1,492	886	1,346	1,502	1,210	1,260	1,335	8,467	9,311	9,327
688	686	690	1,729	1,803	2,113	1,467	1,425	1,422	1,223	1,155	1,062	1,315	1,324	1,264	891	906	891	7,313	7,299	7,442
922	919	1,052	1,780	1,942	1,562	1,282	1,257	1,282	855	801	841	1,113	804	696	2,263	2,198	2,142	8,215	7,921	7,575
827	821	591	534	217	133	400	276	211	55	55	46	453	205	207	300	293	277	2,569	1,867	1,465
3,046	3,035	3,115	7,694	7,670	7,068	3,911	3,888	3,871	3,482	3,469	3,441	3,767	3,679	3,669	4,664	4,657	4,645	26,564	26,398	25,809

* Year survey completed.

General Housing Data

No. of houses condemned but occupied under licence	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of applicants for Council houses	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of ex-service hutments converted and in use as temporary housing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of ex-service hutments not converted but inhabited	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of cases of known overcrowding	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of caravans used for residential housing	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
By informal action, houses within survey reconditioned or improved	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
By informal action, houses within survey demolished	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Financial assistance towards housing

Dwellings towards which advances for purchase have been made

A. under Small Dwellings Acquisition Acts	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
B. under Housing Act, 1949 Section 4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Improvement Grants: Housing Act 1949, Section 20

No. of applications received including outstanding from 1954	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of applications approved	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of applications rejected or withdrawn	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of applications under consideration	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Action arising under Housing Acts

Section 9 (Repair of insanitary houses)

No. of notices served from 1.1.55	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of notices complied with	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of notices outstanding (including and prior to 1.1.55)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Section 11 (Demolition of insanitary houses)

No. of Demolition orders served from 1.1.55	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of undertakings accepted to make fit...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of undertakings accepted not to use for human habitation	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of undertakings outstanding (including and prior to 1.1.55)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of houses demolished	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of houses made fit	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of houses acquired by local authority	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of Demolition orders outstanding (including and prior to 1.1.55)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of Demolition orders revoked by Housing Act 1949-54	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Section 12 and Local Government (Misc. Provisions) Act 1953 (Closing Orders)

No. of Closing orders made from 1.1.55	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of Closing orders terminated	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of Closing orders outstanding (including and prior to 1.1.55)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

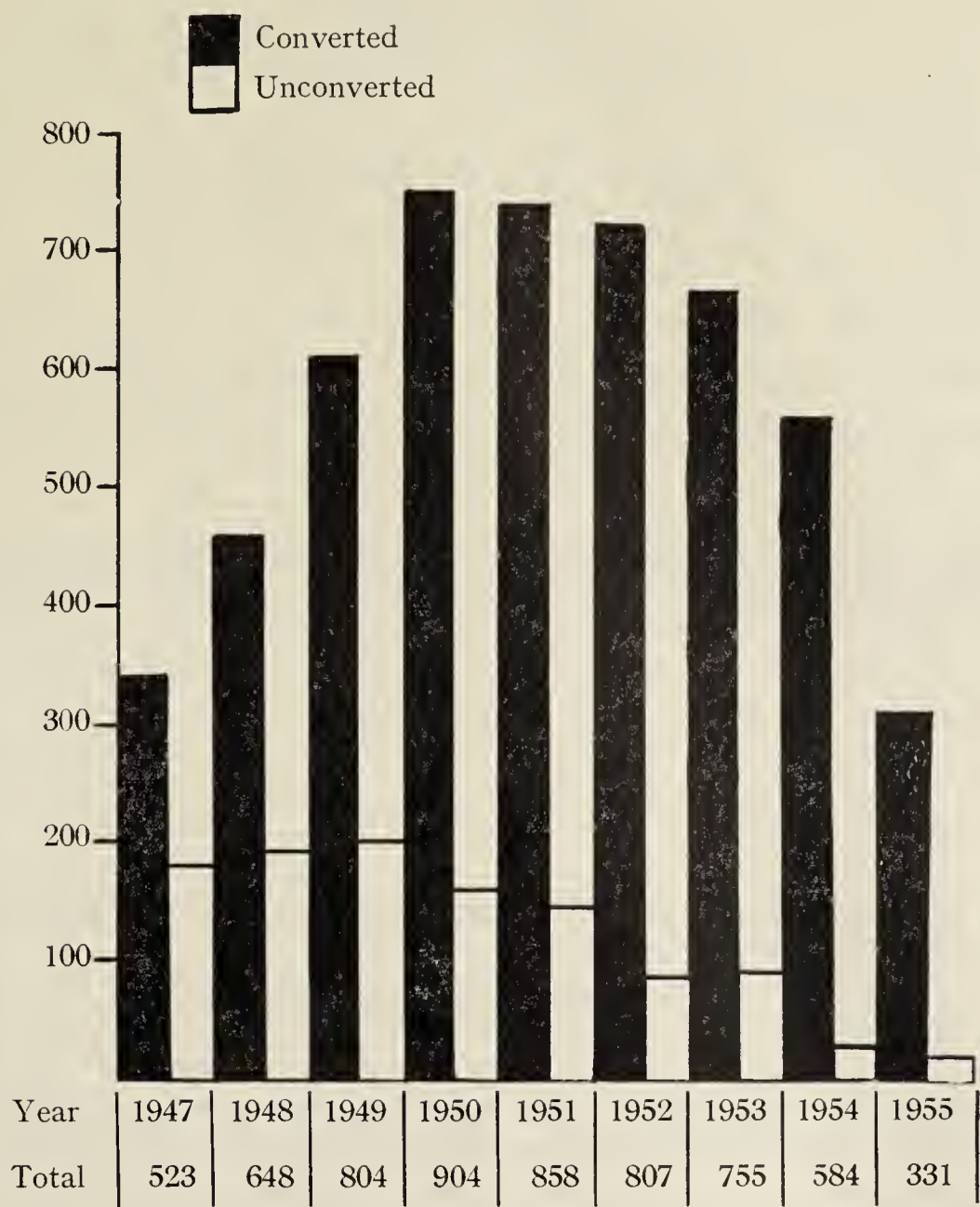
Section 25 Clearance Areas

No. of areas defined for Clearance	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of houses involved	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of areas cleared	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
No. of houses demolished	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

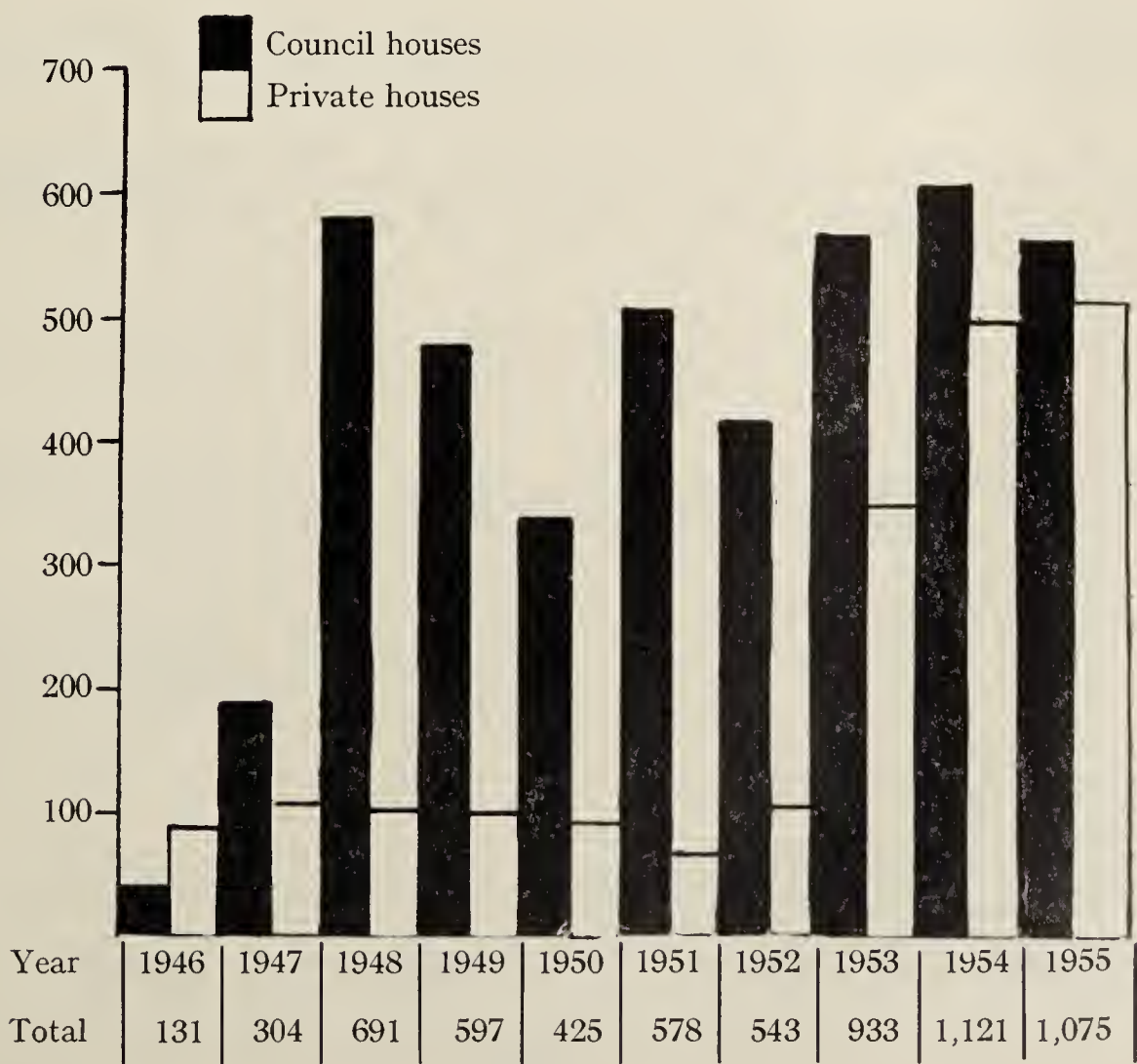
Banbury	Bullington	Chipping Norton	Henley	Ploughley	Witney	Totals	
1954	1955	1954	1955	1954	1955	1954	1955
—	—	—	2	—	—	3	2
600	1,090	515	338	220	550	3,859	3,313
nil	172	4	109	5	20	556	310
nil	20	1	—	—	—	28	21
not known	38	6	4	—	10	60	58
8	450	15	188	98	577*	1,283	1,336
45	174	56	25	50	39	595	389
1	6	17	—	—	3	20	27
—	42	—	—	48	—	55	90
19	15	13	75	9	22	90	153
98	109	81	46	—	—	—	—
87	90	65	33	66	75	346	475
3	11	4	10	62	72	282	409
8	8	12	3	3	3	23	34
—	—	—	—	1	—	41	32
—	—	9	2	1	4	—	16
1	—	13	2	1	4	—	21
—	—	4	2	3	2	—	11
14	4	—	5	26	18	—	67
—	2	—	—	—	14	—	16
—	5	3	7	2	3	—	20
21	34	12	15	57	41	—	180
—	3	—	—	10	9	—	22
—	—	4	1	12	1	—	18
—	—	—	—	—	—	—	—
21	40	—	10	155	17	—	243
—	3	—	—	1	—	—	4
20	9	—	1	—	9	—	39
—	—	—	—	1	2	—	3
20	10	9	7	—	13	—	59
—	—	—	—	—	1	—	1
—	—	—	—	—	6	—	6
—	—	—	—	—	—	—	—

* Mostly occupied by U.S.A.F. personnel

Histogram showing converted and unconverted hutments used as temporary housing.



Histogram showing provision of post war housing (Rural Districts)
 Total all housing = 6,398



PROVISION OF NEW HOUSING

	Banbury	Bullingdon	Chipping Norton	Henley	Ploughley	Witney	Total
<i>By Local Authorities</i>							
New dwellings on tenders approved	490	1,202	598	544	1,104	956	4,894
Under construction	28	96	28	49	73	49	323
Completed	420	1,004	550	443	1,027	907	4,351
Completed 1955	75	122	57	34	135	145	568
<i>By Private Enterprise</i>							
Under construction	13	94	18	59	204	78	466
Completed	135	459	172	454	645	182	2,047
Completed 1955	14	112	32	111	203	35	507
Population in 1,000's (June 1954)	15.1	37.6	16.2	20.3	27.9	24.9	

Notes Information supplied by the Ministry of Housing and Local Government.
 Figures given, other than under 'Completed 1955' relate from 1st April, 1945, to 31st December, 1955.
 Houses shown as being under construction or completed are included in the number of houses on tenders approved.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944-55

Public Health Act, 1936, Section 307

The appended table summarizes schemes submitted by the County District Councils to the County Council for purpose of observation and financial assistance under the above Acts.

For various reasons many of the schemes approved since 1944 have either not materialized or are subject to prolonged delay, with the result that the estimated cost of £5,032,528 would today prove considerably higher, whilst rising costs add considerably to expenditure on such capital works.

Of those schemes under the Act of 1944 towards which the Ministry of Housing and Local Government has made or promised Exchequer grants, the County Council has agreed to contribute £28,589 in annual payments of up to 30 year periods, representing a future total sum of £857,670, of which £32,016 has been paid. In addition the County Council has contributed, by way of capital payments, a further sum of £98,287.

Prior to the Second World War the County Council agreed to assist towards the cost of a number of water and sewage disposal schemes, and to date has paid £20,250 to the local authorities concerned.

H. G. BARTRAM, M.INST.S.E.
County Housing Officer

Summary of schemes submitted under the Public Health Act, 1936, Section 307, or Rural Water Supplies and Sewerage Acts, 1944-55

	Piped water supply schemes	Sewerage and Sewage disposal schemes	Total
No. of schemes received	5	4	9
No. of schemes carried over from 1954	1	—	1
No. of schemes in hand 1955	6	4	10
No. of schemes approved by County Council	4	4	8
No. of schemes not approved by County Council	1	—	1
No. of schemes carried over to 1956	1	—	1
Total No. of schemes, including individual and regional schemes approved since 1944	64	58	122
Estimated capital cost of above schemes	£2,677,595	£2,354,933	£5,032,528

PART X

OTHER SERVICES

Food and Drugs Act, 1938 and 1955

Public Health (Condensed Milk) Regulations

Public Health (Preservatives etc. in Food) Regulations

Food and Drugs (Milk, Dairies and Artificial Cream) Act, 1950

(Extract from Report of Chief Inspector of Weights and Measures for the year
ended 31st March, 1956)

Five hundred and four samples of various foodstuffs were procured, of which 465 were submitted to the Public Analyst under the above-mentioned Acts and Regulations. Thirty-nine informal samples of milk and spirits were tested at this office. Twenty samples of milk and seven samples of other foodstuffs were reported by the Analyst to be unsatisfactory.

Eight of the unsatisfactory samples of milk were deficient in fat and in each case the deficiency was traced to poor quality yields.

Two samples of milk were found to contain added water.

Nine samples of milk were certified by the Analyst to be deficient in solids-not-fat, but the presence of added water was not confirmed.

One milk sample was found to contain what appeared to be a piece of rag.

Two samples of spirits were found to be below proof strength but the Analyst was of the opinion that the deficiencies were due to evaporation.

One sample of sausages was purchased without a declaration that they contained preservatives.

Two samples of sausages were found to have a high fat content but had satisfactory meat contents.

The Analyst objected to the description on the labels of a sample of margarine and of a soft drink.

Samples which were taken of the milk supplied to eight of the County Council's Old People's Homes and Children's Homes were satisfactory.

Milk sold in Specified Areas

Sixty-three of the samples of milk taken under the Food and Drugs Act, 1955 were obtained in the specified areas of the county and except in two instances the milk was bottled and labelled in accordance with the requirements of the Milk (Special Designations) Regulations. The Medical Officer of Health has been advised of the two infringements.

Infringements

Food and Drugs Act, 1938-1955

Milk Retailer	Selling milk containing what appeared to be a piece of rag	Official caution
Milk Producer-Wholesaler	Selling milk 6.6 per cent, 10 per cent and 18.3 per cent deficient in fat	Advised to contact Local Milk Advisory Service
Ditto	Selling milk deficient in fat and solids-not-fat	Ditto
Milk Producer-Retailer	Selling milk containing 18.8 per cent added water	Legal proceedings. Fined £5 and costs —£3 15s. 0d.
Ditto	Selling milk containing 9 per cent of added water	Legal proceedings. Fined £5 and costs —£2 2s. 0d.
Ditto	Selling milk deficient in fat and solids-not-fat	Official caution
Soft Drink Manufacturer	Using a contradictory description for a soft drink. Description used 'Non-alcoholic Orange-flavoured wine'	No action

Public Health (Preservatives etc. in Food) Regulations, 1925

Butcher	Selling beef sausages without disclosing the presence of preservatives	Official caution
---------	--	------------------

Pharmacy and Poisons Act, 1933, Part II

Three hundred and twenty-two retailers are now on the Council's list of sellers of Part II poisons. Twenty-five new applications for registration under the Act were received and approved. Two hundred and forty-one visits were made to the premises of 'listed sellers' and no infringements of this Act were disclosed.

Inquiries were made at 273 'unlisted' premises to ascertain if poisons were being sold. In 18 instances poisons were found on premises of traders who have since become 'listed sellers' or returned the poisons to the wholesalers. One trader was prosecuted for selling poisons from unregistered premises.

Three samples were submitted to the Analyst who certified that the articles were non-poisonous within the meaning of the Act.

Infringements

Grocer	Selling a poison and not being a 'listed seller'	Official caution
Ditto	Ditto	Ditto
Ditto	Ditto	Legal proceedings.
		Fined £2
Ditto	Ditto	Official caution
Ditto	Ditto	Ditto
Ditto	Ditto	Ditto
Ditto	Ditto	Ditto
Ditto	Ditto	Ditto